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AN INTERDISCIPLINARY JOURNAL FOR THE PROFESSIONS SERVING CHILDREN

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Franklin M. Zweig and Arthur E. Antisdel

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A child's ability to love and to inspire love in others is not bound to his ability to think. Warm, understanding couples who adopt mildly mentally retarded children can help them grow into happy, productive adults. (See pp. 17–21 for a discussion of adoption for retarded children.)

children

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Planning for the needs of people has become a necessity in today's complex society. Technological advances, population growth, and other forces bringing rapid social change make the policies governing our economy, political process, and physical development obsolete and create a demand for quick, rational policy modification. This is as true in the field of social services for children as in others.

Efforts to plan ways to meet children's needs have increased at the community, State, and national levels. However, many observers of the planning process maintain that a chasm exists between what is being done to change policy governing services for children and children's real problems. They point out that policy change is often a haphazard process engaged in by those who produce service without resort to standard indicators of need or, often, the involvement of the consumers.[1, 2] Sometimes, the process of planning turns into a process of mediating conflicts among service organizations and loses its relation with the interests of those being served,[3] or an organization is so busy serving children it has no time for the planning that must go into policy modification.

Clearly, we need an organization capable of planning broad community policies based on the day-to-day problems of children. Such an organization would have to be capable of translating these problems into statements of general community conditions affecting children and, on the basis of these statements, to formulate broad-scale designs for solving problems. The designs, in turn, must be introduced to those who bring about change in the community. Political, governmental, corporate, and ethnic groups must be stirred to act to turn designs into reality.

The purpose of the organization would be to effect change in community policy in its three aspects: administrative regulation, legislation, and judicial re-

CHILDREN, CIVIL LIBERTIES, AND COMMUNITY POLICY CHANGE

view. Unfortunately, even if there were an adequate number of such organizations, they would face this specific problem: few professional persons in the field of social services for children are trained to shape policy.

Training for policy

Thus, at first sight a dilemma seems to exist: both the mechanism and the manpower for realistic policy-making are needed at the same time, though each is dependent on the other for existence. Spurred by the challenge of this apparent dilemma, the Wayne State University School of Social Work conducted a brief search about 3 years ago for an organization that would try out a sociolegal approach to policy change and at the same time serve as a fieldwork training placement for social work students in the school's community social work sequence. The Metropolitan Detroit branch of the American Civil Liberties Union (ACLU) of Michigan agreed to serve as the organization.

The Detroit branch of the ACLU has a distinguished record of seeking justice through the courts for persons whose civil liberties have been violated. The school thought that the organization, with its emphasis on helping persons individually and on protecting the civil liberties of children, would provide a good climate for experimentation and training. Moreover, the organization seemed ideal for building a planning bridge between children's problems and community policy because of its strong tradition of legal intervention and because several members of its board and staff were interested in the possibilities of social intervention.

ACLU, in turn, was interested in the project because it would provide an opportunity to expose social workers to legal people and processes and might result in preparing social work staff members for civil liberties organizations.

In May 1965, the board of directors of ACLU authorized the establishment of a Children's Project to "undertake a comprehensive review and evaluation of (all) matters relating to the constitutional rights and liberties of children and juveniles." A project committee was appointed, which soon appointed four subcommittees to evaluate and study specific constitutional issues regarding children and to follow through on the findings. The issues the subcommittees were to study concerned the juvenile court, custody, schools, and agencies and institutions serving children. ACLU took this action before having official ties to the school of social work.

To make the training experiment it proposed an integral part of the Children's Project, the Wayne State University School of Social Work applied to the Federal Children's Bureau for a child welfare training grant. After receiving the grant in July 1966, the school assigned a fieldwork instructor, a full-time secretary, and four students from the community social work sequence to the project committee as a staff-in-training unit. The students spent three-fifths of their time in the project and two-fifths in class. Another student, supervised by the school faculty, had been placed with the subcommittee on schools the previous January in a "trial run" and had moved on to a second, different internship assignment by the time the training unit became operational.

Each social work student was assigned to a subcommittee of the project as a staff assistant. The faculty instructor coordinated the staff work and supervised the students.

At first, project organization dominated the training demonstration. Each student met with his subcommittee chairman, ACLU staff members, and key ACLU members. Subcommittee members were recruited from people representative of the community and from ACLU's general membership. From 20 to 25 persons were appointed to each sub-

committee. Lawyers and people experienced in fields related to the subcommittee's work were obtained, for the most part, for each subcommittee. Sometimes a member of one subcommittee served temporarily on another because of particular knowledge or skill.

As soon as the subcommittees were formed, members and their student staff assistants moved into the substance of their respective subjects. Each subcommittee first acquainted itself with its purpose and goals, chose initial work areas, and made plans for the study and clarification of issues concerning civil liberties.

The problems of children were the medium through which each subcommittee became sensitive to community policy issues. The subcommittees became aware of these problems through community contacts and by studying grievances and informal complaints lodged with ACLU. For example, the subcommittee on custody invited several foster-care and adoption workers from local agencies to its meetings to discuss their programs. As a result, task groups within each subcommittee were formed to conduct research and to identify the issues of constitutional rights affecting children. In regard to grievances, each student staff assistant served as an intake worker. He interviewed parents and children; made preliminary psychosocial diagnoses; pinpointed the problems as presented by clients and the problems as they really were; determined what civil liberties had apparently been violated; prepared reports on cases for the subcommittee to review; counseled the family on its situation; and made referrals to other service agencies as warranted.

The translation of a grievance into a policy issue was demanding. After thoroughly investigating and analyzing a complaint or civil liberties issue, the student made a report to his subcommittee. If approved, his report was passed on to the project committee chairman for presentation to the ACLU board of directors. Each report contained descriptions of the problem, the constitutional rights involved, and the case and supportive materials and conclusions and recommendations.

Throughout this "translation" process, the student was responsible for facilitating the work of his task groups and subcommittee. By February 1967, each subcommittee had two or more task groups in operation. The subcommittee on agencies and institutions, for example, had one group investigating cases involving issues related to public low-income housing and another investigating charges of abuse at a public child-care institution. It was also concerned with civil liberties issues related to the services of welfare agencies and treatment facilities for mentally handicapped and emotionally disturbed children.

During their 3-day week fieldwork, the students also helped organize and draft policy statements and helped promote close cooperation among other agencies and organizations in the community; they attended or participated in hearings, appeals, and proceedings relevant to their subcommittees and set up and kept resource files.

Examples of work

Examples graphically illustrating the work of the Children's Project are contained in the summaries of cases that follow. Each case is presented without analysis to provide as much of the background as possible for the evaluation of the experience of the first year as described in our next section.

Administrative discrimination. The subcommittee on agencies and institutions became concerned about the administrative practice of a public housing authority that rejected some persons with illegitimate children because, the agency told the applicants, public housing was not available to persons with illegitimate children under 5 years of age. The consideration of illegitimacy was a regular, though unwritten, part of the agency's policy for selecting tenants. The Children's Project has intervened in several cases involving this issue and has assisted public housing officials in the reevaluation of procedures. The project has also assisted in setting up a board to hear the grievances of rejected applicants and ejected tenants.

The grievance filed by women seeking public housing was processed by the student assistant for his subcommittee. A position paper was developed by the subcommittee, and negotiations between ACLU and the housing authority's administrators ensued. The shift in policy regarding unwed mothers was started through the process of bridging the gap between the individual situation and the policy issue. The work of the student moved the matter from grievance to position to policy negotiation. He, therefore, served as the problem-policy bridge.

Capricious administration in foster care. Because there is a chronic shortage of foster homes under the supervision of the juvenile court, most courts look to local private agencies to provide homes for and to supervise foster children. Though this policy allows courts to expand their choice of placements,

Franklin M. Zweig, left, and **Arthur E. Antisdel** are both on the faculty of the Wayne State University School of Social Work. Mr. Zweig is an associate professor and the chairman of the school's community social work sequence. Mr. Antisdel is an assistant professor and the fieldwork instructor assigned to the Children's Project at the Detroit branch of the American Civil Liberties Union described here.

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it also compounds the problems of protecting the interests of their wards.

A case that came to the attention of the subcommittee on custody presented an outstanding example of abuses that can have great effect on a child, though committed innocently by the supervising agency. In this case, a foster mother who had been caring for a little girl for about 5 years and who was obviously fond of the child reported that a worker from the supervising agency had removed the child without notice. The worker informed the foster mother that the girl was removed and placed in another foster home because the agency had just found out that the child's mother and the foster parents were not of the same religion.

The student investigating the complaint concluded that to destroy a sound relation that had been built up over a 5-year period for this reason alone was not in the best interest of the child. With ACLU legal support, he convinced the juvenile court judge of the need to order the return of the child to the original foster home.

This case points up the wide latitude most agencies have in handling children placed with them. Of course, the issue in this case would have eventually been judicially reviewed, but by then the effect of a change might have harmed the child.

Using this case as precedent, ACLU has now obtained initial agreement from the juvenile court that arbitrary changes are not to be abided. The custody subcommittee is now seeking a working policy for bench review as a protection against the practice of precipitous placement change.

Legislative change. A case coming to the attention of the subcommittee on custody issues involved a brother and sister who had been embroiled in a custody dispute arising out of the divorce of their parents. When ACLU came into the case, the proceedings had been going on for 5 years and involved two judges. It became further tangled because of charges and countercharges from both parents. Although the father had won the case against his wife, she was awarded custody of both children. The son, however, by informal agreement between the parents had gone with his father. When the father attempted to obtain court approval of this change, the mother had objected and the custody fight had flared up anew. The question of representation for the boy was developed by ACLU to present to the court: Does the child whose parents are disputing his custody have a right to counsel or representation separate from that of his parents? An ACLU cooperating lawyer petitioned the court to let him represent the boy, and his petition was granted.

After considerable study, the subcommittee concluded that the laws under which the courts determine child custody provide no standards or guidelines to follow in making the determination and that there is no systematic way to end or cut the legal delays that can undermine the stability of the child. It found inadequacies in cases concerning an abandoned child, a child without parents, and a neglected or abused child. It also found that in making decisions the courts had emphasized the fitness of the parents more than the child's best interest. The subcommittee recommended that guidelines be drawn up to meet present and future needs. As ACLU found, under the laws in many States, before a judge can make a custody award to one person he must find the other person legally unfit.

The subcommittee on custody is continuing to work on producing a position statement that will clarify a complex problem and yet at the same time be useful for motivating legislative change.

The bridge's strength

ACLU's experience with the project so far has been encouraging. Combining a production of manpower with a test of the planning mechanism has proved practical. Specific gains have been made in several directions.

The Detroit ACLU has been an effective mechanism for translating problems into policy change. It is "cause oriented"; that is, it is dedicated to preserving and promulgating the constitutional rights of children. It has strong internal unity. It has clear objectives and methods. It has great capacity for engaging in meaningful conflict. Moreover, it has accommodated itself well to the social interventions brought to it by the student training unit. These

interventions—bargaining and negotiation, development of legislation, casework, consultation, program development—have been added to ACLU's traditional method of relying on judicial review. However, how much of this can be incorporated into future policy remains to be tested. And in what combinations social intervention and legal intervention should be joined in the planning process is still open to research, as is the question of whether other organizations can adopt this method of policy change. In short, the first year's experience with the change mechanism has presented positive methods that can be more specifically shaped with the application of new experience.

The project at the end of its first year has also shown that student practitioners can give service and can change policy at the same time. Frequently, service and policy are considered as opposite poles that draw supporters according to experience and ideology. But our experience proves that the service and policy aspects can nourish and reinforce each other and can enrich the career of the student. We also found that graduate students can work with community policy *without* shifting the focus of their efforts from children and their needs.

The bridge's weakness

The training experience uncovered some weak spots as well. These are not clearly delineated, but what we know of them suggests leads for future development.

The first of these is whether the experience in planning can be transferred to other settings. Students trained in an organization oriented to cause and sophisticated on policy may face problems in duplicating the employment situation in other organizations, or they may stimulate traditional organizations to expand their horizons. In any event, helping students acquire the ability to tolerate frustration without blunting talent and enthusiasm ranks high as a need in training.

The phenomenon of policy drift is another matter for concern. In services for children, administrative policy is set by both legislation and judicial review. But administrative policy as carried out is both formal and informal. Although efforts such as the Children's Project may achieve changes in formal administrative policy, little attention has been given to how to change the informal policies that can play havoc with efforts to achieve constructive change in services.

ACLU staff members met this phenomenon when working with the housing commission. Although the housing commission announced a policy change, staff members operating its offices frequently blocked efforts to carry out the directive or failed to follow it. For instance, when requested by ACLU the director of the local housing commission agreed to give every applicant for public housing an application form. The ACLU staff found, however, that in several cases the staffs of the local housing projects still refused to give the forms to certain persons.

Long-range and comprehensive planning is another matter for concern, but one the Children's Project has not seriously probed. Almost all energy during the first year's operation has been directed toward translating current problems into near term policies, and the objectives of planning so far have been specific as to problem and organization. Whether moves should be made toward broader, long-range planning and how these should be made are important unanswered questions.

Finally, the involvement of clients in the policy change process must be considered. To date, clients and their problems have served only as material for planning; no attempt has been made to include clients on a project committee or to make them part of the mechanisms for making decisions. The involvement of the consumers of service in the production of service is an important principle now operating in the professions dealing with children. Putting this principle into effect is the next important step in building a stronger planning effort and in providing better training for social work students.

Many aspects of work for children and with children are done by people with only a skimpy knowledge upon which to build intervention. Although the translation of solutions to children's problems into community policy using the pursuit of civil liberties as a method appears promising, many aspects of both action and training remain uncertain. Systematic investigation may uncover much of value for children and practitioners alike.

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[1] Rein, Martin: The social service crisis. *Transactions*, May 1964.

[2] Shiffman, Bernard M.: Involvement of low-income people in planned community change. *In* Social work practice, 1965 (National Conference on Social Welfare). Columbia University Press, New York. 1965.

[3] Wilson, James Q.: An overview of theories of planned change. *In* Centrally planned change: prospects and concepts. National Association of Social Workers, New York. 1964.

case conference on

THE NEIGHBORHOOD SUBPROFESSIONAL WORKER

The current widespread use of neighborhood subprofessional workers in "poverty programs" prompted CHILDREN to publish this case conference giving two sides of an argument. The first is presented in an article by two neighborhood subprofessional workers and their former supervisor. In it, they affirm that the subprofessional worker deserves recognition for the professional work he does because professional knowledge and skill can be acquired on the job as well as on the campus. The second is presented as three independent comments by two professors of social work and, as one comment, two child welfare workers. They agree that the subprofessional worker has his place in social work, but they also point out that years of formal study and training give the professional worker advantages unattainable by practice and instinct alone.

Readers are invited to contribute to the discussion through the "Readers' Exchange" section.

I. excerpts from the casebooks of subprofessional workers

HARRY SPECHT • ARTHUR HAWKINS • FLOYD McGEE

The Contra Costa Council of Community Services in Walnut Creek, Calif., is finding the use of subprofessional workers drawn from the poor people in the community at whom welfare services are directed more than rewarding. These workers are serving the poor people of the community as subprofessional workers through the Richmond Community Development Demonstration Project, a program made possible by a grant from the Office of Economic Opportunity. The project, which serves the city of Richmond, Calif., aims at demonstrating the means by which public agencies can incorporate these new workers into their operations. Two of the authors of this article are subprofessional workers with the project; the third was formerly the director of the project.

The idea of using subprofessional or paraprofessional workers in the human services is not new. However, the current widespread use of "indigenous" workers, that is, persons drawn from the neighborhoods and the kinds of people the program serves, as staff members of social agencies is a radical change in social service programs. The major impetus to this development came from the commitment of the Office of Economic Opportunity (OEO) to finding new means of bringing about "maximum feasible participation" of the poor themselves in the operation of the poverty program. At present, as a result of OEO's commitment, about 125,000 subprofessional workers are serving throughout the country in community poverty programs.[1] Recent major Federal legislation such as the 1966 amendments to the Economic Op-

Based on a paper presented at the 1967 forum of the National Conference on Social Welfare.

portunity Act, the Safe Streets Act, the Juvenile Delinquency and Youth Offenses Control Act, the Elementary and Secondary Education Act, the Law Enforcement Assistance Act, and the Demonstration Cities and Metropolitan Development Act is increasing the use of subprofessional workers drawn from the people served.

For the past 5 years a good deal has been written about the use of neighborhood people as subprofessional workers in the human services.[2-4] However, much of this writing does not substantially describe what these workers do. Rather, they center on describing the development of "new careers"—employment methods, problems of organization, and relations between subprofessional and professional workers—and the personal characteristics of persons going into these "new careers."

Differences and similarities

Because of their concern with employment methods and job development, agencies have tended to use subprofessional workers to perform tasks ordinarily done by professional workers but for which professional training is not required. Or they have tended to use subprofessional workers for tasks that offer service not being given by anyone else. One reason why agencies only assign such tasks as these to subprofessional workers may be that they want to neutralize the objection of professional workers to having subprofessional workers perform tasks similar to those carried out by professional workers.

Descriptions of the personal characteristics of those in the "new careers" have tended to stress the *differences* between them and professional workers and the *similarities* between them and the clients. These differences and similarities are nearly always interpreted as assets in that they enable the subprofessional worker to "bridge" the gap between the client and the agency, to serve as a communicator who is better able than the professional worker to help clients put their anger and frustration into words and, as a result, make better use of available services or organize to demand services not available. Stressing differences and similarities might also be another way of neutralizing the opposition of professional workers to programs using subprofessional workers because recognition of the similarities between the subprofessional and professional workers (and there is evidence that there are similarities)[5] might also be problematic.

In their method of creating jobs and in their concern with differences and similarities, agencies emphasize defining the jobs of new "careerists" on the basis of the tasks they perform. However, this will very likely prove to be an insufficient basis on which to define jobs for and to assess the performance of the subprofessional worker. In the human services, most tasks are similar. Certainly, when we look at the day-to-day work of subprofessional workers in our project who are serving as school aides, police community relations aides, probation aides, and community organizers, we find that they, like professional workers, interview, make referrals, consult other agencies, serve as resource people for clients, and counsel individual clients, groups, and organizations. Ultimately, the distinction between professional and subprofessional workers and their right to carry responsibilities and claim status will have to rest not only on the tasks performed but also on the extent of the knowledge different workers bring to their tasks and the degree of skill with which they perform them.[6]

At present, these distinctions and rights are largely judged by credentials. Unfortunately, in the absence of clear and tested measures of skill and knowledge, most of the human service professions must base these distinctions on the academic degree. Two results of this condition are evident. First, in nearly all cases, subprofessional workers have been relegated to carrying out the tasks professional workers find the least gratifying. Second, at present, there is little hope that professional associations such as the National Association of Social Workers will admit the subprofessional worker without an academic degree.

Two cases

It is our contention that the resolution of the problems of advancement to professional status either on the job or in the professional association must be based on an assessment of the knowledge and skill the job requires. As a first step toward this goal in our

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Harry Specht, now a lecturer in the School of Social Welfare, University of California, Berkeley, was formerly the director of the Richmond (Calif.) Community Development Demonstration Project described in this article. **Arthur Hawkins** and **Floyd McGee** are neighborhood workers in the project. Mr. McGee is a school-community worker at the Nystrom School, Richmond Unified School District. Mr. Hawkins is an intake counselor at the Richmond Service Center and the organizer of the Welfare Rights Organization of Contra Costa County.

project, we gathered case records prepared by subprofessional workers that could be used to evaluate their use of skill and knowledge. Two casebooks of these records have already been published.[7, 8] Our next step will be to analyze the records. The following excerpts are from two records included in these casebooks. Each excerpt is followed by the worker's comments about his record.

The first of these cases involved a 16-year-old unmarried mother who lived with her mother, two brothers, and two sisters. The family was receiving public assistance. The baby, a boy, was 16 months old at the time his mother's case was handled by the worker. The girl's mother tended the baby 2 days a week; a paternal aunt, the other 3 days while the mother was at school. The mother and daughter got into a heated argument that led the girl to run away to the baby's paternal grandmother. The mother called the police to report that her daughter had run away from home; the girl's sister let her know what the mother had done. The neighborhood worker entered the case at this point.

The [paternal] grandmother knew that I worked with the Welfare Rights Organization [a group of welfare clients organized by two community aides] so she contacted me for advice. I told the [paternal] grandmother that if the police came for the girl, she was to turn her over to them. I assured the [paternal] grandmother and the girl that I would do everything I could to help.

On Monday morning, I picked the girl up and took her to my office. My first step was to contact my supervisor to bring him up to date. My second was to contact one of the police community relations aides at the police department, who told me there was a warrant out for the girl's arrest and that a policewoman was handling the case. The officer in charge was not present, so I informed the aide that I would bring the girl to the police station on that day.

My next step was to contact the Contra Costa County Department of Social Services to talk with the girl's social worker. The worker was on vacation so I talked with the worker's supervisor. I explained the situation and asked what the welfare department's position would be at this point. I was informed by the supervisor that the department's primary concern at this point was that the girl, since she was only 16 years of age, would have to be supervised by an adult blood relative. I then asked if the baby's [paternal] grandmother and aunt, both of whom are over 21 years of age, would fit the category of a blood relative. The supervisor stated that they would be acceptable in this case. The supervisor also stated that before the welfare department would take any action the probation department would have to approve the person who would be supervising the girl.

I then took the girl to the intake officer at the probation department and explained the situation to the intake officer. He said that the probation department would have no objection to the girl living with someone else over 21 as long as the mother consented. He said that the probation department had no jurisdiction at this point because the police department had not turned the girl over to Juvenile Hall [the residential agency of the probation department] as yet. He also stated that if the girl was picked up she wouldn't have to spend more than 1 or 2 days at Juvenile Hall.

I then took the girl to the police department and surrendered her. The policewoman in charge listened to the girl's story, then called the girl's mother and asked her if she still wanted her daughter picked up. The mother said she did. The policewoman then said that she would have to take the girl to Juvenile Hall. I asked the officer if the girl could be released in my custody for an hour so she could get the baby some clothing. The officer consented with the provision that I have the girl back at the station by 1 o'clock. I took the girl to her house to pick up the clothes and then to the aunt's house.

My main concern was seeing that the girl wasn't locked up. With this concern in mind, I bent the law slightly. Instead of returning the girl to the police department, I called the intake officer at the probation department once again. I told the intake officer what had happened at the police department. I asked the officer if it was possible for the probation department to order the release of the girl into their custody and to allow the girl to be retained in the aunt's house, pending a court decision. The intake officer checked with her supervisor and found that what I had requested was permissible, and she said she would confirm our conversation with the police department. I then asked the intake officer if she wanted to talk with the baby's aunt. The officer said that would not be necessary since I had given my word that the aunt was over 21 and that she could provide a place for the girl and the baby to live.

I took the girl back to the police department where the policewoman in charge had received the confirmation from the probation department. The girl was then released.

The worker then arranged with the welfare department to send the girl's grant to the paternal aunt as her guardian, pending a court hearing. The next day, the intake officer at the probation department called the worker to say that the girl's mother had come in to see her and that she objected to the girl's living with the aunt. The officer said she would have to determine whether or not the aunt met the qualifications necessary to act as guardian for the girl and her baby. A meeting was set up for Wednesday at the probation department. The worker's record continues:

Meanwhile, the girl's mother came in to see me. She voiced her disapproval of what I had done to help her daughter. She felt that I had done her daughter more harm than good. I tried to explain to the mother that my primary concern was to see that the girl was not detained in Juvenile Hall. I made it clear that I had no jurisdiction over whether or not the girl would be sent to Juvenile Hall. I told her that the probation department had ordered that the girl be detained in the home of the aunt. The mother was not satisfied and left rather angry.

On Wednesday morning, I took the girl and the aunt to the probation department to meet the intake officer. The intake officer questioned the aunt on her qualifications to supervise the girl. The officer was satisfied with the aunt's qualifications and

ordered that the girl be detained in the home of the aunt, pending a detention hearing. The officer stated that the girl would not have to attend the hearing, but the aunt and mother would. The officer also stated that if the girl was ordered by the court to live with the baby's aunt, she would be a ward of the court and placed on probation until she reached the age of 18.

After hearing testimony from a representative of the probation department, the girl's mother, and the aunt, the judge at the detention hearing ordered that the girl be placed in the aunt's custody until she reached the age of 18.

The worker followed his account of the case with these comments:

This is one of the two or three hundred cases the Welfare Rights Organization (WRO) has handled. It also is an example of the individual direct service that WRO offers. If WRO had not existed, this girl would not have been given individual service. No other agency exists that would have handled this case as I did. Another important factor is that our services are free.

I think that it is a direct and personal service that I offer my clients. I live in the community I serve; I am available at all hours and on weekends. By living in the community, I am available to provide the same resources as is common in our middle class communities which often have doctors, lawyers, and other professionals living next door to each other.

Individuals such as myself have never been available for the poor community to take advantage of. I believe that my style of handling clients' problems who live in the poor community is the most effective way possible. I'm from the community I serve, I know most of the people, they know me, I know their problems because they are mine also, and I understand the poor people because I am one, and a part of them.

The other case concerns the work of a subprofessional worker in helping a family cope with an emergency. In this case, Mr. and Mrs. T, the parents of three school-age children—Saul, Cora, and Tess—were injured in an automobile accident and confined to the hospital for a few weeks. A friend, Mrs. S, who was riding in the automobile when the accident occurred but who received only slight injuries, offered to take the T children into her home.

The subprofessional neighborhood worker was called in by Mrs. T to talk with her concerning the help that she would need for the children during her absence from home. She called this particular worker because he had worked with Saul at his school concerning truancy and delinquent behavior. The worker describes the case in these words:

I talked to Mrs. T and asked her what she would like for me to do. First she wanted to know how Saul, Cora, and Tess were doing. I told her that Saul and Cora were doing fine in school, and that, although they had been worried at first about the accident, after talking with me about everything they had calmed down. She told me that the children would be staying with their friend Mrs. S at her home in Point Richmond. She asked if there was any way that they could get from Point Richmond to their school. I said that I would pick up Saul and Cora and bring them to school and take them home in the evening until she could work out another way. I also talked to Mrs. S about whether it would be hard for her to take care of the T's kids until Mr. and Mrs. T were out of the hospital. She said she could do this.

I returned to the hospital and told Mrs. T that Mrs. S could take care of the kids until she returned home. She asked if I could get some assistance for the kids because the money that would be coming in to her would not be enough to cover their needs. I told her that I would look into this. I also told Mrs. S to call me if she needed to. About 10:30 that night she called me and said she was having trouble getting Tess to come over there like her mother said. She wanted to know if I could talk to Tess and show her why she should come there to stay because her mother was in the hospital. I asked her if Tess was there, and she said that Tess was at home. I told her I would talk with Tess and for her to call me back later. I called Tess. I asked her how come she didn't want to stay with Mrs. S and she said because she "didn't want to." "Well, Tess," I said, "you know the struggle right now that your mother and father are in. With all the worries that they have by being in the hospital and they worry about you children too, their minds would be more at ease if they knew you were staying with Mrs. S instead of being by yourself." Tess asked me, "Well, do I have to?" I said, "Well, Tess, I think you should. But I will leave it up to you to make up your own mind whether you should stay with Mrs. S because there are a lot of things that could happen to you in a lonely house by yourself." She paused for a moment and then said, "Well, OK, I'm going." She then asked me whether I was going to call and find out if she got there and I told her no and that as she had given me her word she would go why should I call to find out whether she was going to lie to me or not. About 11:20 that night Mrs. S called me again and told me that Tess had come. She also told me she wanted to talk to me the next day about Tess because Tess had two or three places she wanted to go over the weekend. She felt that Tess shouldn't be out late at night. She asked me to talk to Tess about this. I told her I would, and I did the next day.

Mrs. S explained that the money was low and that [the children] didn't have any lunch money and she said she didn't know whether Mrs. T had any money. I told her not to worry, that I would give them lunch money.

On Wednesday evening, I got permission from Mrs. T to talk with her doctor. I called him and told him who I was and what my duties were concerning Mrs. T and also the reason why I would like information about the T's. He told me that Mrs. T would be in the hospital for approximately 3 weeks. Mr. T at that time was still in intensive care. I haven't had a chance to talk with him. But as soon as they remove him from intensive care into one of the rooms, I will be able to. He also may be in the hospital for at least 3 weeks, and when released he probably won't be able to go back to work for at least another 3 weeks.

The protective services worker told me that Mrs. S would have to have some kind of license to keep the kids at her home because it would be such a long time. I asked her would this present any complication and would she be able to do this because I felt that the kids were in a place they liked and were being very well taken care of. She told me that there was a good possibility that they might remain with Mrs. S. She then

told me that she would call social service to see what could be done and she would call me back and give me the information.

The rest of the worker's record describes his continued contacts with all of the people concerned and with the protective services worker responsible for Saul. This worker helped him get assistance for the T's from the welfare department to supplement their resources. He continued his activities during the time it took Mr. and Mrs. T to recuperate in the hospital.

The worker's comments on this record are as follows:

In crisis people must have someone with whom they can talk. I was there in the school, close to the home, within walking distance. The youngsters in the family knew I was concerned. They needed someone to listen to them and explain what had happened and what would happen to them.

Giving is part of my job. To be able to give service or a small amount of money was very gratifying for me. Besides, why bother a family with serious problems about a few cents?

Later when I thought the time was right, I asked about the T family's financial standing because not only did the kids need lunch money but the family keeping them also needed money for expenses.

It's very important that school officials be informed of changes in a family situation. In this case, with both parents in the hospital, the kids would be upset for a while.

Contacting the welfare agency, I found I had to get more information about the family. I was familiar with the social services procedures so this helped me explain it to the family. The parents gave me their permission to talk with the doctor for they were glad someone was doing something.

I kept close contact to make certain everyone had what they needed, and, most important, enough food.

The doctor was very cooperative. I received a special permission slip to see the father. There was hospitalization insurance for the father only. When the social worker made her visit, I asked to go along with her. I wanted the family to know they had somebody working with them at all times.

Although the mother is in a wheelchair, the father is now back on the job. I am still working with this family and their problems. The children know now how important a *united* family is. They have lived through a misfortune and have been helped by friends. They now understand what a school community worker is really needed for.

An existing challenge

To make use of the records in our work requires the creation of a scale by which to measure practice and to compare the efforts of these workers. However, there are several observations we can make about the records in themselves.

First, the subprofessional workers obviously provided important and significant services. Can one help feeling wonder and shock that the services given

To widen the horizons of young people from low-income families is one of the goals of the neighborhood worker. Here, a teacher's aide helps a boy with a geography assignment.

to these families were not available before? Yet tasks of the *kinds* the workers are carrying out are not really new; rather, these tasks extend the *kinds* of services we have the knowledge and means to give clients not being served. Second, in providing these services the workers perform a "community building" service since they are enabling families in low-income areas to make use of the institutions set up to serve them. The workers represent an important bridging or communicating mechanism. Third, as the number of such workers increases and their skill and ability improve with experience and training, their effect on the institutions and on professional workers may become increasingly abrasive. And fourth, the records show that the workers are using knowledge and skill in interviews, diagnosis, referral, advocacy, and "brokerage."

Unless we develop means of measuring competence other than academic credentials, we shall soon find that we have created a large group of subprofessional workers who are locked into low-paying, unrewarding jobs with no chance for advancement, however great their skill and competence. The fact that the majority of these workers will be Negroes or of Spanish extraction will only further point up the build-in injustice of our system for awarding status and prestige and fixing salary.

The two records selected for this article are not essentially different from those of other subprofes-

sional workers in our project. Both of the workers had had approximately a year's experience with the project and the benefit of education through in-service training, seminars, and formal courses. They showed evidence that they were acquiring the knowledge and skill of professional workers and using them creatively. The records of these workers suggest the possibility that the development of professional knowledge and skill can take place in settings other than academic. The continuation of this kind of effort to identify and measure competence in performance in subprofessional workers is an exciting challenge to people in the human services, as well as to educators, we believe.

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II. comments

I read this article with avid interest. I had heard a great deal about the use of subprofessional workers in social work, but I had never before read a process record of their work nor given thought to the cause that these three authors put forward: their implied proposal that the subprofessional worker be identified as professional when his "knowledge and skill" are rated as—what?—as equal to that of the professional worker?

First, I must say that I loved the two helpers. My heart warmed to their devotion, their complete willingness to give of their time and energy and money to people in crisis, their advocacy, their ingenuity (unhampered by rules and regulations), and their direct commonsense. They are "naturals." We look for such "naturals" in the students we admit to schools of social work. We often find them, too—but not always. But neither do we always find "naturals" among subprofessional workers. Yet it has come to be a pervasive myth among those who are viewing the poor and the "indigenous" worker with wide new eyes that all workers drawn from the poor are "naturals."

At the time I myself was a "subprofessional" worker some years ago, the poor were expected to be "honest." Why they were expected to be more honest than anyone else I was never able to fathom, any more than I can fathom today why the many different types of persons who make up the poor are supposed to have more warmth and understanding than other people. I do not believe it has been proved that people under chronic stress necessarily have more compassion and understanding for their fellow sufferers than persons less troubled. *Some* among them do. But the attributes of compassion and understanding are not primarily induced by economic conditions.

Be that as it may, these particular people-helpers were indeed concerned, compassionate, and committed to service. They entered two situations at points of crisis and by their forceful and unflagging efforts brought about changes that lessened the stress on their clients.

Now come my questions (perhaps they will be written off as the stuffiness of a "professional" caseworker, but I cannot get around them). In regard to the 16-year-old unmarried mother: Why was her mother doing what she did? Was there a long-standing problem between mother and daughter? What was it made up of? On what basis was the home of the baby's paternal aunt chosen as a substitute for the girl's own home? What indications were there that this was to be a good and steady home for the girl and that her own mother (who still holds parental rights, whether or not she is aware of it) would not work to disturb the setup?

And—and—and? Of course, it is possible that the worker knew the answers to these questions and had good reasons for leaving them out of his records.

The questions I am asking concern the *knowledge* that guided the worker's actions, not only his diagnostic knowledge of this particular case but also his general knowledge of what might be expected and anticipated in this kind of a quasi-legal situation, as well as from the psychologically charged actions and reactions inevitable in cases like this. True, a trained caseworker who had stopped to consider all aspects might not have saved the girl from a police pickup, but he might have averted some of the irrevocable steps that followed and that may be difficult to retrace. Certainly, it could be argued that in crisis the worker must first take action and then take thought. Perhaps one of the outcomes of professional study and training is that because of them, after the first awkward months of thinking a case situation through, the caseworker can intertwine assessment and action, can look behind the motive and beyond the moment.

I do not know enough about these workers' thinking and planning to judge their assessments and actions. I am more concerned with the proposal that records be examined to assess the kinds and levels of knowledge and skill used by subprofessional workers. So many familiar obstacles rear up here! If what the authors are talking about is only a description of what *actions* the subprofessional worker has taken, that is something with which I have little quarrel. But they suggest that the "degree of skill and knowledge" is also to be assessed.

Now, "skill" cannot be assessed except within a diagnostic context; that is, whether what a worker did was skillful depends on what the person-in-the-situation is motivated toward, is capable of, is judged to need, and has available. "Knowledge" is a vast subject. Is it *knowing* what to do? Is the term used here in the sense of understanding and comprehending the nature of the person and his problem? Do the authors mean knowing *about* something—that is, where to go, whom to reach? Or what do they mean? How can we assess the worker's "knowledge" in the case of the family in the accident? Did the worker know what made Tess reluctant to live with Mrs. S? Did he "know" what her other plans were? Did he "know" what the parents' accident meant or did to Tess?

My point is not that these questions needed to be answered before the worker acted, but rather that "knowledge" of *what* must be identified before the adequacy of a worker's knowledge can be assessed.

Other questions also come to mind. Will case records show that knowledge and consideration were behind the actions taken in every case? Are the records to be standardized to yield the same kinds of data? Case records written for other purposes have proved highly unreliable for research.

I wholly agree with the authors' statement that subprofessional workers are "providing an important and significant service." It is not altogether clear to me why the "service given to these families were not available before," as the authors say. It is clear to me, however, that as bridge builders, advocates, interpreters, and "crisis-meeters," subprofessional workers may offer an unusual and much-to-be-valued service. But I am at a loss to follow the ensuing argument. Are the authors saying that subprofessional workers should be dubbed "professional" workers when they are using knowledge and skill in interviews, diagnosis, referral, advocacy, and "brokerage"? That status and prestige and salary should be awarded on the basis of the desires and needs of economic and ethnic groups? That, as the development of professional knowledge and skill (undefined) "can take place in settings other than academic," schools of social work, nursing, education, or even medicine (since medical aides are now in the making) may be unnecessary?

In brief, I am persuaded of the worth and need for subprofessional workers, and the authors strengthen that belief. But I cannot manage the leap from belief in the subprofessional worker's worth to the argument put forth for apprentice training based on developing undefined "knowledge" and "skill." Nor, until we have a more nearly valid measure than any that now exists, can I go along with washing out as irrelevant the broad base of knowledge, the ethical and value considerations, the philosophic stance and commitments that professional (academic?) training seeks to inculcate in students in addition to knowledge of how to interview and to give service in individual cases.

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Persons interested in the vital subject of the use of subprofessional workers in social work will be grateful, as I am, to the authors of this article for having written it and for having given them substantive material to evaluate. In most

of the urban communities where poverty programs have evolved and social work services have been limited in professional staff resources, there has been a great deal of activity concerning and thinking about the use of subprofessional staff members. For this reason, the Richmond Community Development Demonstration Project is not the first experiment to be written about, nor are we without experience against which to evaluate it.

In criticizing a "new" project, especially one written about by a participant-consumer, I know I run the risk of being called a traditionalist in my professional views. Yet, I assume that when the authors of this article committed their ideas to paper, they meant to be taken seriously and to have their ideas criticized, both favorably and unfavorably, and I proceed on this assumption.

It seems to me that the authors point out some truths for professional social workers to consider and raise some embarrassing questions for them to answer. Unfortunately, their view of the "problem" seems to be more reliable than the solutions they suggest. Without reliability, their solutions are only exhortations.

Let us look first at the "truths" they point out. It is evident to most social agencies by now that subprofessional staff members are needed to do a great many tasks in urban communities. Although I assume, with the authors, that the people who live in the communities being served are themselves a rich source of workers to perform many of these tasks, I know that using them presents a serious problem centered on career lines. How do we provide these people with jobs offering status and reasonable opportunities for self-improvement?

It seems unarguable to me that people from the areas to be served bring special qualities to the tasks they do in social work; for example, they are on call at times when professional workers are not and they generally reflect the culture, language, style, and concern of the community in which they live. These characteristics suggest to me that they have a particular role to play in advocacy, in bridging the gap between communities and bureaucratic organizations, and in carrying out certain neighborly tasks.

But, moving beyond these statements, which I can accept as true, I find myself embarrassed by their observations that professional social workers have not been able to substantiate their successes and have not developed reliable measures for their effectiveness. They also imply that social workers have failed to provide substantive descriptions of what professional workers do and, consequently, have been unable to define what subprofessional workers might do in any category of social service. Their article is perhaps a result of the profession's laxity in coming to terms with the issues of staff use and its resistance to confronting the hard work of differentiating among the functions and tasks of professional and subprofessional workers.

The article goes beyond the exposition of the issues I have just mentioned, however. I find the authors' inferences from their view of the problem both loose and illogical. In the first place, I detect defensiveness and argumentativeness in their statement that the reason for professional concern with task selection and the emphasis on similarities between neighborhood workers and clients may be meant to neutralize the objections of professional social workers to the full use of subprofessional staff members. Although it may be true that the profession as a whole is not yet ready to deal with the question, it is also true that knowledge, skill, and experience cannot be so lightly dismissed and that, by definition, the neighborhood worker has, in most instances, characteristics that are similar to those of the clients he serves.

Several points brought out in the article are in error and have nothing to do with values or judgments. The authors state that in the human services most tasks are similar, and they seem to make this the argument around which all their others cluster. Although such a task as interviewing might appear to be the same in all instances no matter who carries it out, the major difference between what the professional person and the well-intentioned but subprofessional person does is that the professional person presumably carries out his task on the basis of his knowledge of the situation, in a disciplined and differentiating manner. It seems to me that the essential ingredient of professional education here is brought to the fore: professional education means that the worker has a wide selection of theories to call on to explain the complexity of psychosocial situations and can handle each case differentially, according to its particular requirements. Thus, when the well-intentioned subprofessional worker acts in a situation, he may act on intuition or out of a feeling of pressure from the client or the community. He may carry out the task well, but he will lack a rationale and his effectiveness will be governed by chance alone.

The authors seem to have no knowledge of the content of social work education when they state that "academic credentials" alone distinguish the subprofessional from the professional worker; the knowl-

edge and disciplined use of skill to which I have just referred are exactly the content represented by the credentials. No, it is not a matter of status alone that qualifies the professional worker to do something different from the subprofessional. Rather, it is the content of the experience behind the status the professional worker has achieved. For example, by analogy, when a child at a playground cuts his finger, the attendant may just as skillfully as a physician apply a prepackaged bandage to the finger. Applying such a bandage is a simple task and does not require many years of medical education or the status of "physician." However, if the child has severed a tendon or cut his finger on a rusty surface or has a disease that prevents the blood from clotting, the physician's knowledge would surely make a decision to apply a bandage more than a layman's task.

The first case discussed in the article illustrates this point very well. The worker takes action, gives advice, shows concern, and generally extends himself to the client. But to what avail does he carry out these "tasks"? He has no facts on which to base his decision to remove the child; he does not consider the interaction of the girl and her mother; he does not observe basic principles in seeking the mother's participation in planning for her minor child. Instead of thinking and planning, he takes the girl herself on six separate visits to community agencies as he tries to find the right place for her. Certainly, there was a great deal of activity in the case; nevertheless, it does illustrate the point that without knowledge of human behavior, family relationships, bureaucratic structures, social values, legal procedures, and the technique of a process, activity in and of itself is not helpful. The worker says that his work on the case was gratifying to him, but is giving him satisfaction the best reason for using him to serve a family in need?

We have a long way to go before we can determine the best use we can make of subprofessional staff members. Thus far, we have found no shortcut to knowledge that does not still require formal education. Notwithstanding the need for career opportunities for subprofessional workers, I am convinced by the article that we ought to deal with the two issues—the professional use of subprofessional staff members for service goals and the development of career opportunities in the social services for the poor—as separate.

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The article "Excerpts From the Casebooks of Subprofessional Workers" presents a mix of issues on the use of the "indigenous" subprofessional worker that is difficult to tackle without feeling rigidly professional, defensive, and part of "the establishment." [1] Lining up the social worker against the subprofessional worker deflects from the vital issue, which is the agency's need to make its use of professional and subprofessional workers functionally related to the needs of the client system.

Social work is engaged in a continuing struggle to become more relevant in its practice. As Menchner believes, "We are more interested in finding answers to social problems than in cutting out a unique place for our practice." [2] Increasing the size of the social welfare force by hiring neighborhood subprofessional workers will provide more jobs for the poor, enlarge the staffs of social agencies, and increase the size of their budgets, but it will not make social work any more effective *unless* we restructure the way we deliver services and become more explicit in defining the tasks (work requirements) unique to the social work function (activities) and the kind of manpower (workers with the master's degree, workers with the bachelor's degree, social work technicians, and aides) we need to do the job. The problems involved in achieving these goals are well illustrated in the report on manpower published in 1965 by a task force of the U.S. Department of Health, Education, and Welfare.[3]

An explicit analysis of tasks puts into perspective the needs of the clients and defines the functional responsibility of the workers involved.[4] The specificity of tasks removes us from the circular conflict between social worker and subprofessional worker and puts us into a situation in which the client is the focal point.

In placing the client in the center, we can evaluate the performance of the two subprofessional workers whose work this article describes by their ability to perform their tasks. This, rather than a benchmark of professional practice, is a more appropriate way to measure their skill.

The first worker describes two tasks: helping the teenage mother stay out of Juvenile Hall and finding her a safe place in which to live. His lack of attention to the other tasks—involving the mother of the girl in the decisionmaking process, helping the mother and daughter resolve their difficulties, and working out relations with the baby's paternal relatives—is a result of his inaccurate perception of the client's needs

or, perhaps, of his recognizing that he was not able to deal with such "basic" problems.

Certainly, it is foolhardy to expect the worker to have carried out all the tasks demanded by the client's situation, as most were beyond his range of understanding and skill. Expecting the subprofessional neighborhood worker to act as an amateur social worker places unfair stress on him and acts as a negative force on the client. It can also lull the community into believing that the client has been adequately served.

One of the problems of our profession has been our reticence to define explicitly what social workers are capable of doing and to accept a limited field of influence. To throw upon the subprofessional worker the same expectation—that he be all things to all people—even further limits the contribution he can make.

For the most part, the tasks the second worker performed are related to his skill and, more specifically, to the needs of the client. Concerning the latter, his tasks were integrated with those of other staff members. Dividing up the tasks by the clients' needs and the workers' skill served the clients well. The neighborhood worker helped provide a secure environment, which was the T family's major need. Other kinds of skill were required to help Saul solve his problems in school and to help Tess come to terms with her adolescent struggles. Providing a secure environment, however, held the highest priority.

Subprofessional workers can and should be used in a variety of ways. The value of their contribution should be based on a determination of the clients' needs and on the assignments made according to knowledge and skill required—that is, whether it should be done by a professional social worker, a subprofessional worker, a lawyer, or a homemaker. The answer lies in what is needed to help in the particular situation. Arthur Bloom puts it this way: "It is this combination of client needs that must become the base from which services are derived, manpower needs defined, and manpower utilization decided . . . . In order to maximize the social welfare worker's utilization of the tools and techniques available to him, it follows logically that the structure of the social welfare agency, the job description, and the conditions for delivery of service . . . should differ in relation to the worker."[5]

The skill required may not pattern itself into a single career line leading to "professional social worker." Although the authors suggest a single career line, other models might be more appropriate. Schmais notes that using a single model for advancement may be just another kind of manipulation and that "it can reduce the viability and meaningfulness of lower level jobs, propelling thousands in search of credentials that often have little bearing on what they need to know in order to perform their jobs and deflect the concern of nonprofessional programs away from the aim of institutional change to one of professionalism."[6]

Legitimation of the function of the subprofessional worker within the social welfare system is necessary because we must account to society as well as provide security for the worker. Essential to this process is the provision of opportunities for career advancement.

At the Division of Child Welfare, Cuyahoga County Department of Welfare, in Cleveland, Ohio, we are endeavoring to delineate the tasks of the professional worker, the agency-trained worker (college graduate), and the neighborhood subprofessional worker, based on the needs of the clients. This is a formidable undertaking: it will greatly strain our traditional ways of giving service and cause some discomfort as we venture to try new ways. The risk could pay off in increased service to the client, heightened productivity, and greater satisfaction to the worker.

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THE ADOPTION OF MENTALLY RETARDED CHILDREN

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In the past, both professional people and the public considered the mentally retarded child as unadoptable. Rarely did social agencies give thought to whether the degree of retardation could make a difference, and rarely indeed did they search for couples who might accept such a child. Adoption was for the "perfect child" and the "perfect family." The mentally retarded child was often hidden in an institution, a cause of shame to his family. Now, the picture is changing. Aware of the benefits of adoption and of the great progress recently made in the field of mental retardation, agencies are broadening their definition of "adoptability" and are seriously considering adoption for the mentally retarded child. They are increasing their efforts to find homes for these "special" children and are making their requirements concerning age, income, employment status of prospective adoptive mothers, and other aspects more flexible.

What kind of child?

Retarded children cannot be placed as readily as normal children, of course. Most agencies have far more hard-to-place children, including physically, psychologically, or mentally handicapped children, awaiting placement than applicants who will consider them. Yet couples *do* come to agencies expressing interest in adopting handicapped children; many others become interested in adopting mentally retarded children when they are encouraged by the agency.

In speaking of adoption for mentally retarded children, I am speaking only of the *mildly* retarded child, that is, the child who is capable of completing the sixth grade, who can be guided toward acceptable social behavior, and who can usually acquire the social and vocational skill necessary for minimum self-support. Most of the retarded people in the United States are only *mildly* retarded. Children who are profoundly retarded, severely retarded, or moderately retarded—the categories into which other retarded children fall—are not usually adoptable because their handicaps are too great for most couples to handle. The *profoundly* retarded child, characterized by gross mental impairment and, often, physical handicaps, needs constant supervision and nursing care. The *severely* retarded child has poor motor and speech development and can take care of himself only minimally. And although he can learn to communicate, the *moderately* retarded child has poor social awareness and motor development and will always require a sheltered environment.

In considering the potentials of mildly retarded children who need permanent homes, we must look for certain general characteristics. Though they vary in ability to learn and to function, and there are differences between them and normal children, these differences do not negate basic similarities. An agency's chief questions, then, in determining adoptability include these: Can the child fit into family life? Can he accept love? Can he have a relationship with parents? Can he identify himself with a parent? Is he trainable for employment?

Based on an address to the Regional Conference on Adoption of Mentally Retarded Children, Stone Mountain, Ga., September 12, 1967.

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The feelings and attitude of the social worker toward mental retardation are important influences in the adoption of retarded children. Sometimes a worker assumes that because he would not want a retarded child no one else would. He may arbitrarily decide that a child not acceptable to him would not be acceptable to others. Such a possibility points up the need for supervisors of caseworkers to expand their knowledge and examine their conceptions of mental retardation. They have a grave responsibility to help caseworkers progress in their thinking and to help them make valid, individual evaluations of every child in their caseloads.

Who should adopt them?

We have so little experience with the adoption of mentally retarded children, and what we have is so scattered, that our knowledge of the characteristics of successful adoptive couples is slight. Certainly, the foster parents of a retarded child who later adopt him have had opportunity to acquire understanding of his limitations and needs and, therefore, willingly take on a lifelong responsibility. Perhaps more foster parents would be willing to adopt their retarded foster children if caseworkers would explore the possibility with them without applying pressure.

To my knowledge, no one has yet delineated the qualifications of couples who successfully or unsuccessfully adopt mentally retarded children. Although many of the basic qualities of other adoptive parents are no doubt important, certain other qualities are also necessary. On the basis of the needs of most mentally retarded children, I would expect to find the qualities listed below in couples who successfully adopt such children.

1. They emphasize *giving* to a child rather than *receiving* from him. They want to reach out to help the child who most needs help. Many are moved by religion and a desire to make a special effort to "love their neighbor."

2. They have a healthy attitude toward mental retardation based on sound information. They are not unduly afraid of the problems it may bring.

3. They do not want to adopt a child as an "extension of self." Frequently, they will already have natural or adopted children with whom they have good relationships.

4. They expect no more of the child in school or on a job than he can achieve. They will not be embarrassed or frustrated by a child who requires special education or is near the bottom of his class. His social adjustment will mean far more to them than his academic or professional success. They will not expect him to become a physician or a lawyer or a schoolteacher.

5. They feel secure in accepting a child with limitations and can cope with the questions of relatives, neighbors, and friends.

6. They are able and willing to accept a child who is more than normally dependent on them, but they will encourage the child to develop his ability to help himself.

7. They have patience beyond that of most parents. They are satisfied with small, slow gains and rejoice at gradual improvements. They have high tolerance to frustration.

8. They are flexible and can change both their short- and long-term plans for the child.

Could highly educated, intellectual couples successfully adopt a mentally retarded child? Some could, particularly if they have children of their own. If they have raised a child of their own who was an "achiever," they may not need an "achiever" as an adopted child. However, because a retarded child is likely to be "different" from natural children, an agency must determine the degree to which a couple will accept this difference. Social agencies must be openminded and prepared to consider those families whose own unusual needs may equip them to meet the needs of special children.[1]

Should a single person be allowed to adopt a mentally retarded child? The same principle would apply here as with the normal child. Safeguards are necessary, but such a placement should certainly be

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seriously considered if the alternative is no permanent home.

The selection of a particular family for a child is based on an evaluation of the needs and strength of each. The child will require warm, understanding parents; a normal home; educational opportunities geared to his capacity; and never-ending encouragement. Ability that might go unnoticed in the normal child must be unearthed and cultivated in the retarded. Adoptive parents must be able to do this.

The child must be allowed to be dependent while being given every opportunity to develop his ability to its maximum. The social worker is responsible for helping the adoptive parents strike a balance.

What are his potentials?

As in the adoption of any child, caseworkers must help the parents realize that responsibility for child rearing will rest on them for a long time. In considering the adoption of a mentally retarded child, adoptive parents will want to know the characteristics of the child and his potential for socialization. For many children, mental retardation is a dynamic rather than a static condition,[2] subject to change as the environment changes. The adoptive parents must understand this and be ready to make the most of an opportunity to raise the level of the child's performance. Let me give two examples from case records of State welfare departments of how this can be done.

Maggie came into boarding care at 14 months of age in 1962 as a referral from a juvenile court because of neglect by her parents, both of whom were considered retarded. Though she was pretty, Maggie had no animation and little expression; she was infantile and quiet and did not respond to stimulation. Her first foster parents loved her and allowed her to move at her own pace. A year after placement, however, they had to move out of the State and Maggie was placed in her present foster home. From good care in that year, Maggie had improved, but she still was not walking or talking and was not toilet trained.

Her new foster parents gave her the same care required by an infant, although she was over 2 years old by this time. They loved her and treated her as a member of the family. They met her physical and emotional needs, and a very strong relationship was formed between them. The foster parents accepted her limitations and were proud of every improvement she made. Her dependence on them increased their love for her, and, in accepting her, they began to think of her as their own child. In fact, they often told the caseworker they did not believe they could ever let Maggie go. Maggie improved in their home. She began to say "Mama" and "Daddy" and started to walk.

On later visits by the caseworker, the foster parents spoke of their interest in adopting Maggie. In October 1965, the agency described its efforts to make Maggie legally available for adoption and let them know that their love for Maggie was recognized. Maggie's natural mother was reached in November 1966, and in December she surrendered her parental rights to the State department of public welfare. Every effort to locate the father was futile. After considerable effort, the State agency obtained termination of his parental rights through its legal services section. After a study of Maggie's foster parents and their home for her possible adoptive placement, the home was approved last year.

Maggie now walks normally and can run well. She can say several more words and even small phrases—"Mama, wash dishes," "Daddy gone." She is able to carry out simple instructions and expresses her understanding in words and gestures. The foster parents are permissive, stimulating, and encouraging. They seldom scold or punish. They are patient with her and understand her needs. To Maggie, this is her home and she loves her "Mama" and "Daddy." The foster parents want Maggie to develop fully and will see that she gets special schooling or any other service that will help her. They now regard her as their own child and are looking forward to adopting her as soon as the legal process is complete. With them, Maggie has the advantages of a permanent home where she has an opportunity for a good life.

Timmy was born in April 1962 to an unmarried woman who was later committed to an institution for the mentally retarded. The child was placed in an approved foster home shortly after birth, where he remained until June 1963. At that time, after evaluation, he was placed in an institution for the mentally retarded. He was found to have a profound neuro-sensory impairment and has been given intensive auditory training. In 1965, the agency decided that, as an institution for the mentally retarded was not the right place for Timmy because he needed constant individual love and care, consistent understanding, and firm control on a one-to-one basis, he should be placed in a foster home and given schooling at the State school for the deaf.

A childless couple interested in helping a child like Timmy was found. They were told of his hearing handicap, but they accepted him anyway because they wanted to help develop his potential and to make him happy. The agency felt that they should first take Timmy as a foster child; if all went well, they could adopt him later. The couple agreed that a "trial period" would be good, and they faced squarely the possibility that adopting him might not be best for Timmy or for them. They did not anticipate failure but accepted the difficulties Timmy brought. A warm, understanding couple, they completely accepted Timmy and gave him a great deal of stimulation. He progressed in their home. They have since adopted Timmy, and have expressed an interest in taking another child like him because they have acquired insight and knowledge from their experience.

These cases argue against regarding the mentally retarded child as "hopeless" and for encouraging adoptive parents to help the child develop fully.

What of heredity?

Several research studies report that children with low IQ's categorized as retarded tested within normal range after exposure to a stimulating educational environment.[3, 4] Another study reports that children who were born to mentally inferior mothers but who were placed in adoptive homes before they were 2 years old reached educational, social, and occupational attainments consistent with that of their adoptive parents. Moreover, the study also found, their own children have scored at average or above on intelligence tests.[5] These findings are particularly significant because of the kinds of questions applicants for adoptive children ask about the heredity of children who might be placed with them. Still another study reports that after a group of mentally retarded children were transferred from an orphanage to an institution for mentally retarded persons where retarded women developed close mother-child relationships with them, their intellectual growth picked up to the point where they could be placed for adoption as normal children.[5]

It is clear from such studies and from individual experience that relationships with parents and the environment can profoundly affect the retarded child's course of development. An agency should stress this point in talking with applicants who fear that delinquency, impulsive sexual behavior, or other problems may occur as the child grows up. Some mentally retarded children may as adolescents engage in sexual misconduct, for instance, but there is little evidence to show that their retardation is the cause. Education and supervision, provided according to the child's needs, are usually adequate safeguards against such conduct. Without a doubt, many mentally retarded children, given the love and stimulation they need to achieve to capacity, adjust to jobs suited to them, make good marriages, and successfully raise children of their own.

What other considerations?

Proper selection of an adoptive home for a particular child is essential in the adoptive process. The caseworker must be ready to give continuous supportive supervision for some time after placement. As with the normal child, incidents will surprise, puzzle, or produce anxiety in the parents. Even the best prepared, most understanding parents may have such reactions and may need support and reassurance. Integration of the child into the family is the goal, but reaching it may be slow. The adoptive parents need to know that the agency is not expecting good adjustment instantaneously and that the caseworker will help parents and child adjust to their new lives after the placement for as long as they require help. The filing of the adoption petition should be timed to the need for support in the particular family, not automatically tagged to the end of the waiting period required by law.

Some couples learn after they have adopted a child that he is not normal. Their original motive for adopting the child and the expectations they have will affect how they respond. Their first reaction (a common reaction among both natural and adoptive parents) may be to deny that a handicap exists because denial protects them from pain. They will "explain away" the differences, make excuses, blame others for their own reactions to the child's handicap, or go from physician to physician in a vain attempt to get the diagnosis they want to hear. In time, however, their ambition for the child will be thwarted, their pride injured, and their hope for raising the child as an extension of themselves destroyed.

Adoptive parents, however, are not likely to feel guilt as often as natural parents. Whether the reason for the child's handicap is genetic or environmental, adoptive parents are usually more objective, but they may blame the social agency or other source of the placement for "duping" them. However, both adop-

tive and natural parents face many similar situations. Although mentally retarded children are often as lovable as normal children, most couples prefer to adopt children who can develop into capable adults. Out of disappointment, some adoptive parents withdraw from social contacts when they realize the child is retarded. This is the point at which they need counseling and reassurance the most. The agency can help them understand the child's handicap, can explain the meaning of "mild" or "severe" retardation in terms of their own home life, can help them see what they can look forward to. The parents will also need help in understanding the state of their own feelings: Do they truly want to keep the child? Can they make the deep commitment necessary and find satisfaction in doing so? An understanding social worker can do much to help the parents adjust to the new circumstances and make the best decisions for the child and for them.

Another case illustration from the records of a State welfare department comes to mind.

Mr. and Mrs. W, a young couple, after learning that they could not have children of their own, decided to adopt a baby. After careful study, a social agency placed 10-day-old *Jimmy* in their home. The adoption was completed within a year. Jimmy seemed slightly behind other children in ability to hold up his head, grasp, sit up, crawl, walk, and talk. Soon, relatives began to ask questions about his "slowness." At first the parents denied that there were any problems. But by the time Jimmy was 2, the parents could no longer ignore the truth. Mrs. W called the social worker and asked for a clinical evaluation of Jimmy's condition.

In the interviews that followed, both the mother and father were anxious but gave no sign that they wanted Jimmy removed. The evaluation resulted in a diagnosis of "mental retardation, cause uncertain." The social worker secured additional information on the prognosis, explored with the parents their feelings about the child as he was and was likely to be and their ability to cope with the attitude of relatives, and discussed resources that would be available to the child. As a result of intense counseling, the parents felt that they could accept Jimmy's limitations, were comfortable about being the parents of a retarded child, and were able to face the community. They decided on their own to keep Jimmy.

If, however, after a series of interviews in which their feelings are fully explored, the adoptive parents do decide they should not keep the child, both for his and their own sake, the agency should be ready to help make other plans for him.

What is required?

According to Michael Begab, "[mentally retarded children] are in some measure dependent on persons in their environment—at the very least for their maximum well-being, and at the very most for their ultimate survival. In our societal structure the fulfillment of dependency needs rests primarily with the family . . . ." [6] And he also says: "In the total life experience of retarded persons, no force is more vital than the family itself." [2] In these words, he expresses well, I believe, the great value of finding homes for retarded children needing adoption. The retarded child needs a mother and a father who will accept him despite his limitations and, at the same time, will encourage and stimulate him to develop to his maximum potential.[7] To accomplish this objective will require a good diagnostic study of the child and an accurate evaluation of the characteristics of the applicants—their ability to face reality, their expectations, their patience and tolerance, and a primary interest in giving rather than in receiving. At the same time the child's special needs are met, the special needs of the parents may be satisfied. There *are* such people in the world, and we must find them for the retarded children who need them.

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a public welfare agency finds a helpful tool in . . .

GROUP COUNSELING FOR ADOLESCENT FOSTER CHILDREN

WOODROW W. CARTER

For many children in foster care, the onset of adolescence is more than they can face without special help. The poor adjustment of many of them to their foster homes, schools, and communities, compounded when they reach their teens, presents a challenge to the agency responsible for them that cannot go unheeded without possible disaster. This challenge faces the Division of Foster Home Care of the Bureau of Child Welfare of the New York City Department of Social Services. When the division was set up about 18 years ago to offer direct, long-term public service for Negro Protestant infants and young children, most of the children accepted were not over 2 years old. But as its foster home care program expanded and the children grew older, the division found that it needed to develop and expand its services, particularly for adolescent foster children and their foster parents. As a result, it expanded its psychiatric program, set up group and agency-operated homes, and started a group service program for adolescent foster children. How the division is providing the last of these is the subject of this article.

For the first 14 years of the foster home care program, the division provided service to foster parents and foster children exclusively through the individual family caseworker. But as more and more children entered adolescence, it had to take a new look at this method. Clearly, both foster parents and adolescent foster children had acquired additional needs requiring new kinds of service.

More than casework needed

Even under normal circumstances, adolescent children as they develop come into conflict or even into crisis in their relationships with parents and other adults in authority. The size of the conflict or crisis is magnified for the adolescent foster child. Unfortunately, by the nature of the service, the foster child tends to see the family caseworker as an ally of his foster parents and other adults in authority and not as his friend. It is difficult for the caseworker to overcome this impression. Yet, during the crucial years of adolescence, the child needs to be served personally, not just through his foster parents. Shirley Braverman puts it this way:

> Reliance on the worker-client relationship as the only therapeutic tool in casework with young adolescent clients who are in the process of freeing themselves from dependence on adults is not realistic. If we are truly to start where the client is, then we must recognize that in adolescence the client is, or is striving to be, a part of his peer group.[1]

Based on a paper given at the 1967 forum of the National Conference on Social Welfare.

Convinced that the adolescent would speak out more freely with others of his own age than with adults and that a glaring need existed to provide additional services to him and his foster parents, in 1963 the division added group services for adolescent foster children to its services. From the outset, the division saw the program as a way to help adolescent children in foster care solve their problems through the group method. Its objectives were to help them overcome the difficulties they were having with their foster parents, teachers and other school authorities, and community authorities (some of the older children were becoming increasingly involved with the courts because of antisocial behavior) and in handling sexual maturation. The division hoped that as the adolescent foster children solved some of their problems they would develop better relationships with their foster parents and other adults and that improvement in this direction would carry over to a better use of their caseworkers' services. The division also hoped that in time it could make the service available to all adolescent foster children in its care who could use it, and its current plans for staff development are directed toward expansion.

The group service for adolescent foster children began with two groups. At present, six groups are meeting: one of 14- and 15-year-old girls; one of 16- and 17-year-old girls; three of 14- and 15-year-old boys; and one of 16- and 17-year-old boys. Each group averages from 8 to 12 boys or girls. The group of older girls meets at the agency; the other groups use community resources. All groups are scheduled to meet biweekly between September and June, after school. Two groups have met for 2 consecutive years, at the requests of the participants. Leaders are selected from both white and Negro caseworkers who have demonstrated that they can accept adolescents, are sensitive to their needs, and are willing to risk themselves with the groups and staff members in developing the service. Men lead the boys; women, the girls.

The initial referral material given to the group leader is limited to identifying information such as name, age, address, and a brief statement describing the adolescent foster child's adjustment to home, school, and society. On occasion, the leader has to get additional information from the caseworker before he can understand difficult behavior. Adolescent foster children receiving individual or group therapy are accepted for the groups only on the recommendations of their therapists.

Each year, after the adolescent foster children have been assigned to specific groups, caseworkers, supervisors, and group leaders hold joint meetings among themselves to prepare for the group sessions. They discuss these subjects: the objectives and goals of the agency, the duties of caseworkers and group leaders as they relate to the service, and the kinds of technique and methods used in group work. They also study information on the adolescents who will make up the groups to help caseworkers prepare both foster parents and children for the program; plan for consultation, supervision, and recording; and devise methods of sharing information, transmitting feedback, and coordinating the service with the entire agency.

Staff training for group leadership and supervision is a vital part of a group service program. The Division of Training has been continuously involved in the development of the staff for group services. During the first 3 years of the program, it arranged for a consultant on group methods to work with staff members. His help was invaluable in developing the skill of the first group of leaders and supervisory staff members.

The participation of supervisors speeded up once we had a nucleus of supervisors responsible for group leaders. The supervisors for group leaders have worked with the agency's supervisory and administrative staffs in regularly scheduled seminars to acquire greater familiarity with the group process and to increase skill in integrating the supervision of group leaders into practice. Through a series of meetings for group leaders, recently started, the leaders have gained deeper knowledge of adolescent behavior and have continually evaluated the service they give.

Staff and unit meetings have centered on the group program, and the records of the groups have been used to help caseworkers identify with the service and recognize its potential value for the adolescent. The Division of Training has alerted group leaders to pertinent institutes and seminars provided by schools of social work, professional conferences, and other community resources and has encouraged them to attend.

The leader makes a start

When planning and preparation are complete, each leader tries to make a beginning with his group on the work ahead. One of the key problems he faces in getting the group going is to make each member acquainted with the other. William Schwartz describes the leader's role in these words:

In effect, he is asking the members to understand the connection between their needs . . . and the agency's reasons for offering help . . .; the contract embodies the stake of each party. This beginning phase is particularly important; if its tasks are not properly and directly addressed at the outset, they will plague both group and worker for a long time—in the prolonged testing, in the endless repetition of the what-are-we-doing-here theme, and in the fits and starts with which the group approaches its business.[2]

His statement points up the sound theory behind the leader's use of self as he attempts to use the group method as a helping process. Certainly, as in the one-to-one relationship, of foremost importance is the leader's responsibility to establish himself as an acceptable helping person. He must clearly identify himself within the structure of the agency, and he must let the group members know what they are expected to do and must allow for their reactions. He has to move with comfort from his position as an agency staff member in using the characteristics the adolescents have in common (they are all adolescent, are all in foster homes, and all have similar problems) to help them solve problems. All that he does at first must relate to the "why of our being here." He must be aware that his objective is to move the group from "him" to "them," a process that must occur before the group can work together to solve problems.

In summary, the leader must gain acceptance from the group as a helping person. He must assist each group member to identify with the others. He must help the group pool its energy for meaningful work together on individual problems.

Conflicts brought to light

The division clearly sees the adolescent foster children in the group as struggling to resolve the varied conflicts brought to bear on them at this important stage of their physical, psychological, and sociological development. They are preoccupied with curiosity and guilt about sex; they need to acquire acceptable social behavior; they search for status with their friends. These feelings they have in common with all adolescents; but because the adolescents in the groups are also Negroes, other feelings come into play, deep feelings about and conflicts over racial rejection. These feelings stand out in their relations with white caseworkers, teachers, and therapists, as well as with the community. And these conflicts are compounded by their continual search for stable identity.

Often a single subject coming up in a group session will point up several kinds of concern. From hints given here and there by the participants, the leader acquires a stock of knowledge about the group from which he can draw for subsequent meetings. For instance, one leader reported that his group of boys revealed their feelings about parenthood, being foster children, and sex during a discussion that started on parenthood.

Several boys said they wished to become fathers. A number of them said that *their* children would never have to worry about becoming foster children. Pete said he could hardly wait to have a wife, both for sexual gratification and to have children. He said sex was on his mind much of the time and that he often had erections. Several other boys admitted having the same kind of experience. I pointed out that this was natural, and I related their reactions to the physical changes in boys and girls during adolescence. Mark wanted to know how I had felt about this when I was growing up. I said I felt that their experience in growing up was typical.

In this discussion, several subjects of great interest to the boys came to the fore, including feelings about being foster children, concern for what the leader thought of them, the need to appear manly and sexually adequate, fear of and guilt about sex because of misinformation, and conflicts concerning homosexuality. The leader's responsibility here was to be aware of the subject and, as the group was ready, to help the boys move from generalization to specific instances.

Adults come under attack

One of the subjects that keep recurring in the groups is related to the adolescents' feeling toward the adults who "negotiate" in their lives. They continually attack teachers, foster parents, social workers, and representatives of the agency. These persons apparently serve as constant reminders that they are foster children and expose them as such to the rest of the world.

This attitude toward the adult world is brought out in this report by a leader concerning a meeting of one of the groups of girls. It began when a girl in the group asked the group leader to help her with a problem she had with her foster parents.

I asked Lydia why she did not ask her caseworker for help with this matter. Lydia replied that she "couldn't stand social workers." I reminded her that I was a social worker and that she was asking me to make arrangements for her, although I did not know her situation as well as her caseworker.

At another point, while at least half the girls were trying to talk, I told them that, although I thought that some of what they had to say about social workers might be true and that

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they had a right to be fighting mad, I wanted them to know that I could not buy all they were saying. I told them I thought something was missing, something that was bothering them. I wanted to know how I differed from other social workers—that is, if they thought I did.

Complete silence followed; the girls seemed shocked. They looked at each other. Dora started the ball rolling again by saying, with emotion, that I didn't go running to her school asking questions and telling the teachers she was "foster." A teacher, she continued, had asked her in front of her class why her name was different from that of her parents. She had felt embarrassed and had tried to whisper to the teacher that she was "foster." She now uses her foster parents' name because it makes things easier for her and because her foster parents prefer it. Babbie said that she felt that to be a foster child is to be nobody; even "your foster mother talks about you as though you were born no good." Tessie said she had heard her foster mother talking critically about her over the phone to her friends.

I then asked whether people really treated them worse when they knew they were foster children. Dora said her teachers treated her better after they knew, but since her classmates had learned about it, they had teased her and called her names that hurt deeply.

This group had been working together for some time, and the girls felt secure with their leader because she had demonstrated her acceptance of and interest in them. She can now use the relationship to apply professional methods the girls might otherwise consider threatening or that could be destructive to them. In the instance just cited, the leader used confrontation as a method to enable the group to move from the general to the specific. Through it, she was able to help them work out painful feelings.

Natural parents cause concern

One of the major subjects these adolescent foster children discuss is their continual concern over their natural parents. The following excerpts from leaders' reports on two meetings are typical of some of these discussions.

Several boys talked about how they felt toward their natural parents. Frank related his remarks to a situation concerning a foster child and his natural mother by telling a story in the third person and acting out the narrative. He laughingly told of knowing a boy who wanted to see his own mother and when he finally did see her he found that she was a "mess"—was drunk, in fact. The son became angry and said to his mother, "Don't you touch me! How could you be my mother?" At this point, Rob said he would have felt sorry for the mother. I said that it was interesting that in the same situation people could feel so differently. "Why did the boy in the story become so angry?" I asked. Frank, speaking in the first person, said that he was so embarrassed he became angry. Rob said that maybe the mother could not get up her courage to see the boy unless she was drunk. "Why?" I asked. Rob said he thought she might feel bad about not being able to take care of him. Frank said there was no excuse; people should not have children if they cannot take care of them.

* * *

Eric said that one of the things that "bugs" him most is to be tagged "foster child" at school. Several of the other boys agreed. I asked how this happened at school. Eric said that at the beginning of the school year the teacher asks your name and that of your parents and when they are different some of the children ask if you are "foster." Gavin said that he tells them that his mother has remarried. Walter said he tells them that his parents are dead. Cliff said that people believe that the parents of foster children were bad and did not want them. I suggested that we talk about this subject. Eric remarked that sometimes parents abandon their children. Gavin said he could remember that there were three children in his family and that their mother had abandoned them. "Do you want to tell us more about it?" I asked. "We were left with a sitter and Mother never came back," he said. He felt that she could not take care of them. Matt mentioned that almost the same thing had happened to him and that he did not want his mother to come back. He later said that he would like to see her, but he would not leave his foster home to live with her.

Eric said that most of them did not know why they were in foster care. Several of the boys indicated that they would like to know more about their histories but were undecided whom to ask—caseworkers or foster parents. Matt said he would prefer the caseworker because it might not be the foster parents' business to know too much about the natural parents.

I then asked them if they thought that their foster parents felt that their natural parents were bad and had not wanted their children. Matt said he did not think his foster parents did. His foster mother had said that he was a foster child because his own mother was not able to take care of him. We then spent some time discussing reasons why parents might be unable to take care of their children and to relating our discussion to some of the misconceptions about parents being bad and not wanting their children. Toward the end of the session, I let them know I recognized the courage it took for them to talk about these matters.

The case material presented in this article points up some of the differences in "own family" situations. In helping the group handle this subject, the leader must act consistently. He must be able to help the child who was a foundling take part in problem-solving with the group with as much support as

possible. Yet, he must not be sympathetic to the point of making such a child feel his situation is more unfortunate than those of the children in the group who know their parents' circumstances. At the meeting just cited, the group members worked supportively with one another despite different individual family situations. At the conclusion of the meeting, the leader had corrected some of the misconceptions the adolescents had about why they were in foster care.

Helen U. Phillip believes that the worker should focus his first attention on developing relationships among group members and helping them use their common experience to discover what is uniquely theirs and how to move ahead individually in self-growth and social responsibility.[3]

Insecurity is evident

The group sessions point up the deep insecurity the adolescents feel concerning living with families with whom they have no biological ties. The basic psychological security of a family that the adolescent needs as he struggles for adult independence is often missing in a substitute family.

Patti said, "I am a foster child and foster children shouldn't be compared to real children." I [the leader] asked why not. She struggled with herself a few minutes and finally said, "We're just different." I asked the group if they would accept her statement. Marty said she would not because she is well treated in her foster home and does not feel different. Patti said that she was well treated at home, too, so that was not the difference. Bea said the difference is that foster children are phony children and are treated as "phony." Patti said, "The difference is that no matter how hard everyone tries, you're not your mother's child." I let Patti know that I understood her painful feelings and how she wanted to be a "real" child of the foster mother she loves. Patti only said: "That's it, you can't, and you can never forget that you can't."

The adolescent foster child has difficulty in making the demands on his foster parents that normally characterize adolescent-parent relationships. The constant fear of removal seriously deters adjustment. At one group session, a boy confessed to the leader that he felt "like he was stealing" when he opened the refrigerator in his foster home if he did not have permission. At another, a girl said that her foster mother, in restricting her activities, acted as though she had "a license on her." "That makes me feel like an animal!" she exclaimed.

The unresolved difficult feelings of the adolescent foster child concerning his own family and how his foster family feels about him and his own family vitally affects his family relationship. Under extreme conditions, an adolescent may become completely overwhelmed.

Ned said he did not want his foster mother to do anything for him. He rose to his feet and said he hated her and that there is one thing the agency will not be able to make him do—love her. His foster mother condemns his whole family as no good and says he is just like them. He said he often has to lie just to keep things in hand.

Not a shortcut

Groupwork with adolescent foster children offers no shortcut to an agency. On the contrary, groupwork creates the need for more services. As the group leaders listen to and learn from the adolescent foster children, they gain new insight. This new knowledge has been invaluable to the division in its attempts to match its services to the needs of the adolescents. In many ways, experience indicates a need for change and for improvement in old services and presents a prime reason for the agency to modify policy and procedure.

Through the group discussions, these adolescent foster children bring to the attention of division staff members the difficulties they have in school that they do not bring to the attention of their caseworkers. Leaders already know that for many adolescent foster children problems of behavior in school, including truancy, are produced by the frustration of continued failure or low academic achievement. These group meetings not only confirmed this assessment, they also strengthened the conviction that remedy was imperative to prevent disaster. The division has expanded its remedial and tutoring services through which many adolescent foster children are receiving academic help to improve low achievement and prevent failure.

Strong feelings against the agency's policy of requiring older adolescent children to secure receipts for haircuts and hairdressings came out in group sessions. As a result, this policy has been changed; money for such needs is now included in payments for board made to foster parents. The groups have also influenced the division to take a more practical look at the ways it meets many general needs, especially in regard to allowances for clothing and personal needs.

This service has many positive implications for deeper involvement of adolescent foster children with the agency. The fact that the agency is listening provides the adolescent with a feeling that he now has greater control over conditions that affect his life. This carries over to dealing with caseworkers. Often,

the adolescents use the group to reach their caseworkers. In it, they often request their leaders to make their problems known to their caseworkers.

A greater involvement with the agency by the adolescent foster children who have been in the groups is noticeable in several ways. During the summer of 1966, when the division conducted a cultural and recreational program for older adolescent foster children, the boys and girls who had been in groups were more accepting of the program and more likely to request what they wanted from the program than others. For the past 2 years, for instance, adolescents from the groups have helped plan the annual Christmas party for teenagers sponsored by the agency. Several group members have asked for individual therapy since taking part in the groups.

The climate of the group, which lends itself to the development of self-confidence in the adolescent and trust in the leader, has definite carryover into life. Through the groups, many adolescent foster children are now able to handle some of their unresolved feelings concerning their natural parents and, as a result, have better relations with their foster parents.

For a while, the division was at a loss as to what to do about "confidentiality." From experience, however, the division has learned that many adolescent foster children in the groups request leaders to share information and talk with their caseworkers about them. For the most part, they do not value confidentiality between caseworkers and group leaders. If, however, an adolescent does show that he is concerned about it, the service he needs is provided by whomever he is more responsive to—the caseworker or the group leader.

Questions and problems arise

A few questions and problems are left for further study. As the agency increases the service, the problem of providing communication between caseworkers and group leaders will need refining. Possibly, a way to exchange information can be worked out on a regularly planned basis, with special arrangements for emergencies. New staff members would be oriented to the service through their regular training. Sufficient information is now available to make this procedure possible.

The agency must also give further study to the problem of making the service available at the time the adolescent foster child needs it. They may mean that some groups will be formed more frequently than once a year. Groups could perhaps begin in January as well as in September. If so, many adolescents referred to the group program could be included with less delay. Having groups begin twice a year could also speed up the service.

As to the future, the division hopes to continue its efforts to improve and refine the service. To accomplish this end, the division knows that it will face recurring and new problems. It is considering using a coordinator to handle these aspects and to increase the potential of the staff members who give the service.

This the division knows for sure: to institute group service in a casework-oriented setting requires close teamwork by all staff members of the agency. Without close teamwork, the program will remain a small, isolated demonstration project offering a limited service as projected by those with special interest in it. To involve its entire staff, the division needs to make possible a vital, related, and meaningful service that will evolve as the agency's needs evolve. From the beginning, the division's administrators have supported this program and have planned to extend it to other divisions. The Division of Training continues to work with the Division of Foster Home Care and lends its help in identifying and meeting the training needs of the staff members who work with this service. The consultant on group service has given the program more than expertness; he has shown understanding of the various problems faced by a public welfare agency attempting to increase its services to clients and sensitivity toward its staff members in their struggle to develop skill.

As the Division of Foster Home Care reviews its work with groups of adolescent foster children over the past 4 years, its members are convinced of the value of the program as an essential additional aspect of service. Although staff members recognize that their skill is still limited and needs further development, the division finds the experience rewarding as well as challenging.

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[1] Braverman, Shirley: The informal peer group as an adjunct to treatment of the adolescent. *Social Casework*, March 1966.

[2] Schwartz, William: Some notes on the use of groups. *In* Social work practice. Columbia University School of Social Work, New York. April 1966.

[3] Phillip, Helen U.: Group services to clients: purpose and process. Child Welfare League of America, New York, 1963.

A UNIVERSITY EXTENSION COURSE

FOR FOSTER PARENTS

MARY REISTROFFER

"For the first time my husband and I *really* understood what being foster parents is all about," one foster mother wrote in evaluating the course for foster family parents she and her husband took last year through the Department of Social Work, University Extension, University of Wisconsin. "The course," she continued, "really made the difference between half-blind groping to find the meaning of foster family care and a clear understanding of what we could do and were expected to do for our foster child." She and her husband are only two of the more than 750 husbands and wives providing foster family care under the supervision of both public and voluntary agencies in the State who between the spring of 1959 and January 1968 took the course. As one of its major goals is to help foster parents reach a better understanding of the task they have taken on with a foster child, this foster mother's words suggest that for her and her husband the course had served its purpose.

"Seed money"

In the spring of 1959, the Division of Children and Youth, Wisconsin State Department of Public Welfare, joined the university and voluntary and public placement agencies in planning an education program for foster parents and set aside Federal funds as "seed money" for the program. The division also sponsored research on the effects of training foster parents undertaken by Joseph Soffen of the university. Conducted along with a course, the research found that the foster parents in the select group studied increased their understanding of the purpose of foster care and their skill as foster parents.[1]

The course was given three times during the first year. The first group of foster parents met for 8 weeks; the second and third, for 16 weeks. In academic year 1960-61, the course was extended to 32 weeks to accommodate Dr. Soffen's research. In the following 2 years, two other courses met for 32 sessions; thereafter, the course sessions numbered 13, the current series.

Between 1961 and 1963, the university offered a parallel program in the form of a series of annual 1-day institutes for foster parents and social work staff members, held in Madison and Milwaukee. The institutes, open to all foster parents in the area, were attended by both course participants and other foster parents. Through the institutes, the university obtained information on the interest of parents in training and some experience with methods, content, and organization. After evaluation by the participating agencies, the institutes were dropped in 1963. They were too limited geographically and in other ways to meet the needs of foster parents.

In 1963, after the university had evaluated the experience of the preceding 4 years, the program moved into the experimental phase. The syllabus, after evaluation, was stabilized and training for instructors was put on a regular basis, a particularly

telling change. Until then, instructors, exercising their academic options, had used methods and contents that were as varied as their skill and experience. In some instances, some had offered the course as group therapy, though therapy was not the intent of the university. In making the change, the university also made a clear statement of policy, still in effect: the course is meant to be educational and developmental, not therapeutic. Changes in attitude and standards in the future would reflect educational not therapeutic needs. The intention of the course is not to make the foster parent fit a model but, rather, to develop his capacity for acting as a parent. The choice of accepting or rejecting new ideas is clearly his. The foster parent is *an extension of the agency's staff* and has the rights of a staff member; he is not an *agency client.*

Content and instruction

The content of the course includes material concerning the basic needs of a child, the stages of a child's development from infancy through adolescence, the placement process and the roles of those involved, the rights of the natural parents of a foster child, the foster parents' relations with the agency, and the agency's expectations for the placement. The methods used include group discussions, lectures by the instructor and by specialists as guest speakers, films, and sessions given to problem-solving and role-playing. A display in the classroom of paperback books and pamphlets encourages participants to read outside of class. There are no examinations or assignments. Participants who complete the course receive certificates.

Instructors are obtained from the university and from social agencies with experience in foster care (most come from the agencies, and they add good illustrations from their experience to the formal content of the course). Before taking up their first teaching assignment, they participate in a training workshop for instructors conducted by faculty members of the University Extension. Although instructors are carefully selected, trained, and assigned, the university has only a few fixed requirements. Most instructors have degrees in social work, psychology, or education; direct experience with child-placement practice; and no past or present connection with the course participants. Each respects the foster parents and sees the contribution that these people can make to the well-being of a child. All are skillful professional men and women—warm, approachable, and resourceful human beings.

The agency recruits, selects, and prepares foster parents for the course and pays the registration fees and the incidental costs of transportation, parking, and babysitters. The selection process is not rigid, and it may vary from agency to agency. The university has no set standards for the selection of foster parents, though it has drawn up guidelines. It is easy, of course, to exclude from selection those foster parents who can least use a course productively; for instance, those in the midst of or just over a personal crisis, those soon to be "closed out" as foster parents, and those caring for infants or children in therapy (many of whom could, of course, benefit from courses focusing on their particular needs). Since foster parents take the course voluntarily, the agency by necessity discusses the course with and explains it to the parents before they enroll. To make the interpretation easier, the university provides the agencies with a printed description of the course for distribution to likely recruits.

Some class groups include only foster parents from one agency; others, parents from several. The university has found that multiagency registration is preferable because including foster parents from several agencies in one course rules out the insularity that can occur when all parents are from one agency. Whether a class group has foster parents from the caseloads of as few as two caseworkers or as many as 10 is left to the discretion of the agency's staff. No effort is made to constitute the groups by "common denominators" such as the ages of the children in placement or the education of the foster parents. The differences place no burden on the participants, though they may tax the instructor by making it necessary for him to carefully reduce complicated ideas to clear, precise, and appropriate language at the level of the least educated parents.

"Before" and "after" meetings

An integral part of the course design is the precourse and postcourse meetings between members of the staffs of the agencies and the instructors. These meetings are imperative for organization and orderly cooperation.

The precourse meeting permits a full discussion of the content, methods, and instructor's point of view. For the staff member, it relieves anxiety by pointing up what to anticipate from the instructor and sets up a line of communication between him and staff members should anything unexpected occur

during the course. For his part, the instructor learns why he has been cautioned to watch for any action that might drive a wedge between the agency and the foster parents. And, finally, the precourse meeting gives the agency's staff an opportunity to discuss the backgrounds of the parents selected.

The postcourse meeting builds on the information received at the precourse meeting. It furnishes "feedback" to the instructor and the university and supplements the unsigned evaluations submitted by the participants at the end of the course. The results of the postcourse meeting and the evaluations by the foster parents are considered when plans are made for subsequent courses. The 1-day institutes held in 1961, 1962, and 1963 were valuable because they supported and recognized the foster parents and improved communication between them and the agency. But, because they were so brief, they may have only entrenched and reinforced the information and ideas the program sought to open to examination.

Classes are always held in the evening to accommodate the foster fathers. Both foster parents are expected to enroll and attend, but a single registration is possible under certain circumstances such as a one-parent home, the serious illness of one parent, or the unavailability of a parent doing shift work. The university's experience with the course supports its position on attendance: both parents should attend. Classes are held on "neutral ground"—that is, in a place away from the agency's premises but convenient to the parents. Providing convenient services is important in working with parents who see the agency's control as authoritative.

Each class enrolls from 20 to 30 parents. The minimum enrollment is ideal because it affords the greatest opportunity for discussion and informality.

The situation today

In the last three semesters, 14 groups of foster parents attended classes, three of which were experiments. These were offered in seven locations in Wisconsin, including LaCrosse, River Falls, Milwaukee, Superior, Madison, Fond du Lac, and Washburn. The experimental classes included an advanced course for two groups of parents who had completed the original course and the original course for a group of parents approved for placement but not yet caring for foster children. The advanced course was designed to broaden and synthesize the original course and to identify foster parents having potential for providing "specialized care" or foster group care. It offered content omitted from the original course such as discussion of psychological testing. The preplacement experimental course was undertaken to determine if the basic course could be offered as an adjunct to study and as a preparation for placement.

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The curriculum is being evaluated by a group of experienced instructors and social work practitioners who serve as consultants to the university on curriculum development and expansion. Their exploratory discussions suggest that the basic course combined with an intensified study at intake could improve and expedite placement with acceptable foster parents. During the study process, the anxiety of the parents lessens and their relation with the agency improves; in time, they find they can more easily identify themselves with the agency's purpose and can more easily come to grips with the agency's expectations. Because of the course, the agency has a greater tendency to evaluate parents more thoroughly, to plan more selectively, and to emphasize definite characteristics, rather than availability.

The first discussions of the results of the advanced course suggest that great care and further experimentation are in order. Although the participants were enthusiastic, some professional staff members found the classes disruptive. This was particularly true when parents were as informed, articulate, educated, and mature as their caseworkers, or more so. This was especially apparent if the caseworkers were newly trained and inexperienced in practice. This course made obvious the need to recruit and to select participants and instructors carefully and to continue the experimentation.

Over the years, the instructors, accepting the foster parents as extensions of the staff, have grown more practical and direct in discussing agency expectations. The instructors, for example, have openly discussed parent activities and comments that are particularly harmful to the child placed in foster care. For want of better terms, these comments and activities are

called "blackmail" (threats of removal or summoning the caseworker), "attacks on the natural family" (direct and subtle attacks on the child's own family), and "ultimatums" (demands for "crash" replacements). Some foster parents will continue to act in such harmful and irresponsible ways under provocation, but most parents understand the harm such acts can do and exercise control.

This type of curriculum can be used also to encourage and to lead foster parents to form foster parent groups to help each other. There are at least five such groups in Wisconsin; past course participants are the nuclei of four of them. Even casual discussions with these groups indicate their members are seeking to give each other support and to explore common interests, not to find ways to negotiate items such as board rates with their agencies.

Although a precise measurement of the effectiveness of the program is not yet complete, a survey of the opinions of the staff members of the agencies involved and of the unsigned evaluations completed by participants suggests that the goals set at the start and still in effect have been realized. Agency staff members report better communication between the foster parents and the agency, fewer crises, and evidence of the ability of parents to work more independently than before. Typically, staff members say that now there is "less tension," "more accurate reporting and discussion," and "better control in contacts with natural parents."

Other results show in the action of the foster parents. For example, one couple, before they took the course, would only accept infants, though the agency encouraged them to take older, "more involved" children. After taking the course, they decided that they had been frightened away from taking older children because the recruitment literature used the words "disturbed" and "upset" in describing available children, but that they now had lost their fear and would like to be considered for older children. For the last 3 years they have been excellent foster parents to two "very upset" older children with minimum supervision and direction. Another couple, the parents of five small children, had been putting pressure on an agency to consider them for a foster child. Because their own children were so young and the needs of the children so great, the agency was reluctant to consider their application. The couple heard of the course and asked to take it. The agency arranged with the university to make an exception in their case, and they were enrolled. When they had completed the course, they told the agency that, although they had learned much that would be helpful to them in rearing their own young children, they were withdrawing their request for a foster child because they now knew it would be "unfair" to rear a foster child in their circumstances.

These two cases illustrate exceptions, but they do point out that exceptions are possible and sometimes desirable.

The comment, "For the first time my husband and I *really* understood what being foster parents is all about," cited at the beginning of this article, is typical of the comments of foster parents who evaluate the course. Others have said, "I am more tolerant now," or "I understand myself and the child better now." One foster parent summed up her feelings about foster-home care and the course in free verse:

We have a heartbreaking task—
Our relatives say: "Don't accept any more children."
Our colleagues say: "There is nothing you can do . . ."
Our neighbors say: "Oh, well, they are just county kids."
Our caseworkers say: "You knew that when you started . . ."
And we say: "We *can* build a better future for the children in our care."

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[1] Soffen, Joseph: The impact of a group educational program for foster parents. *Child Welfare*, May 1962.

We can neither predetermine the future nor hold to the past as it slips away from us. We can only solve the problems of our own day as they continuously assault us. This is the rule and challenge of life itself.

Elizabeth Wickenden, Technical Consultant on Public Social Policy, National Social Welfare Assembly, to the 1965 forum of the National Conference on Social Welfare.

a special conference on

FOSTER CARE FOR CHILDREN

BEATRICE L. GARRETT

Specialist on Foster Family Care
Children's Bureau

Many crucial questions were asked but few were answered during the Special Conference on Foster Care of Children held in New Orleans on October 29–November 1, 1967, by the Child Welfare League of America (CWLA). Yet the conference did widen the horizons and perspectives of the participants. Most of these 250 invited participants were social workers from the largest public and voluntary foster-care agencies in the United States and Canada. However, they also included teachers from schools of social work, psychiatrists, psychologists, pediatricians, and lawyers. CWLA held the conference with a grant from the New York Fund for Children as part of a National Project to Provide for a Comprehensive Examination of Foster Care Service (a project supported by a grant from the Federal Children's Bureau).

General speakers

Five general and eight technical sessions were held. The principal speakers included Marvin E. Sussman, chairman, department of sociology, Western Reserve University; Halbert Robinson, director, Child Development Research Institute, University of North Carolina; Ralph W. Colvin, director of research, CWLA; and Martin Rein, associate professor, Carola Woerishoffer Graduate Department of Social Work and Social Research, Bryn Mawr College.

Dr. Sussman emphasized the "interconnectedness" of children-in-placement and socioeconomic conditions. Divorce, he said, is highest among the laboring class, the family system is "not going out of style," and the American "kinship system" continues to provide emotional and economic support for socializing each member of the family. However, the degree to which the family can handle bureaucratic systems is not clear. Poor housing, unemployment, inadequate mental and physical health facilities, and other conditions of poverty work against the family. Public assistance grants hardly above the starvation level are a major cause of family breakdown. The poor can rarely get help at the first sign of breakdown.

Social work, Dr. Sussman continued, has regarded clients as basically neurotic and in need of counseling and guidance and has not looked squarely at the effects of unemployment, racial discrimination, poor education, and inadequate neighborhood services. Urbanization is separating people sharply by income, race, and ethnic origin and destroying the understanding necessary to move the public to provide the services people in the ghettos need. Inadequate health services mean that many mothers receive no prenatal care and that many children never see a dentist. The "scandal" of our unhealthy children has significance for foster care.

Another significant socioeconomic phenomenon is the increasing number of married women who work, particularly between the ages of 45 and 54, Dr. Sussman said. Many might be interested in being foster parents as a "career." Women from the poor may have advantage over women from the middle class because they do not have to overcome the "incongruity of cultures." To make child care a real service "career," we must expand training programs for foster parents, pay good salaries, and provide opportunities for satisfaction.

In many States, Dr. Sussman maintained, the ways foster family care and institutional facilities are used differ widely because use is based on what is available, not on needs, and because natural parents are not involved to the extent necessary. Research on how to improve practice is necessary.

Dr. Sussman said in conclusion that foster care serves thousands of children as an "extremely necessary alternative to otherwise anemic, deprived, and disorganized lives."

Dr. Robinson stated that the United States has lost ground in trying to provide excellent health care and education for all its children. Our society has failed to devise successful ways of meeting the needs of children because it overemphasizes the role of the family in nurturing children and does not understand the importance of a good community environment in rearing children, particularly young children. The most successful families tend to be those that make the best use of community facilities and services.

Technology and specialization increasingly fragment services for families, Dr. Robinson said. Parents need resources in their neighborhoods to supplement their child-rearing resources.

Dr. Robinson also said that babies and toddlers can benefit from a wide range of experience outside the immediate family. They need experience that challenges their minds and stimulates their cognitive as well as their emotional and social growth.

Dr. Robinson concluded that the crisis in foster care cannot be resolved by acquiring more professional staff members (although this is important) but by "politicalizing" those groups most directly affected. He suggested that an aggressive child rights movement be started, founded on the principle of entitlement and having the motto of "reorganization, resources, and rights."

At one general session, foster parents and child-care workers representing foster parent associations described their experience with foster-care agencies. Their accounts tended to confirm the principles that services improve when agencies work with foster parents and child-care workers as valued staff members and that foster parents and child-care workers can influence the community and can help agencies recruit and train new foster parents, child-care workers, and beginning social workers.

Dr. Rein described a framework in which to consider the present system of delivering social services and its mean-

ing for foster care. He reviewed the problems of duplication, overlapping, and fragmentation in providing foster-care services, and he illustrated how the broad socioeconomic aspects of society affect what can be done in the foster-care system. When income is not redistributed and where social action is limited, inadequate service and underutilization of services result.

Reports on research

Ralph W. Colvin reported on the preliminary findings of a study of 1,600 children for whom requests for foster care were made in a 3-month period in 100 agencies in seven cities. The principal findings included these: the main reasons given for the request for foster care were parental neglect, unmarried status, abandonment, and disturbed behavior in the child. Half of the children were from disturbed families. In all, 66 percent were placed; of those placed, 20 percent were living with both parents at the time and half of them might have remained in their own homes if family income and housing had been adequate or homemaker and day-care services available. There were more requests for service where good services were readily available.

Other research was reported on by Sister Mary Emmanuel, associate director, Child Welfare Center for Urban Studies, University of Chicago, and David Fanshel, associate professor, Columbia University School of Social Work.

Sister Emmanuel, reporting on a comprehensive national study the center conducted in 1966, said 193,500 children were in 2,554 institutions for child care in the United States; 108,000 were in public institutions; and as many as 62 percent of the institutions had fewer than 50 children.

Dr. Fanshel reported on a study of 624 children in New York City who entered foster care in 1966. The study indicated that Negro and Puerto Rican children were more often placed because of family problems; other children, because of personal problems. Almost half came from families receiving public assistance.

Technical sessions

The material from the general sessions, a specially prepared paper on "Foster Parenting: An Integrative Review of the Literature," by Delores A. Taylor and Philip Starr (*Child Welfare*, July 1967), and practice papers prepared by the Commission on Foster Care Practice were used as background information and for discussion during the eight technical sessions. Leaders at the sessions included instructors in social work and law, psychiatrists, a pediatrician, and a specialist on manpower. The subjects included these:

- The role of foster parents.
- Using parental potential.
- The rights of children, parents, and agencies in foster care.
- Patterns of foster care and services.
- Who gets placed and how.
- Manpower and its management.
- The effects of educational, medical, and psychiatric programs on the foster child.
- Psychological costs in foster care.

Summary of major points

Joseph H. Reid, executive director of CWLA, summarized the major points brought out in the conference. He said that the consensus of the conference was that one reason for the gap between goals and performance is the lack of Federal funds for foster-care programs. It is essential that the Federal Government provide funds on the same basis for foster care as for public assistance.

The major conclusions of the conference, as stated by Mr. Reid, included the following:

- Foster parents should be employed as full-time, salaried members of the agency's staff.
- Better use should be made of persons already in the foster-care system by helping them to improve their competence through training. Experienced foster parents should be used to help recruit and train new foster parents and orient new social workers.
- Agencies should help form or strengthen associations of foster parents.
- A system of dual guardianship should be set up through which a person in the community is appointed as a guardian for each child in the custody of an agency to safeguard his rights and to stimulate the interest of public officials and inform the community of the needs of children in foster care.
- Child welfare agencies in each com-

CHILDREN IN FOSTER CARE

During the Special Conference on Foster Care of Children held in New Orleans on October 29–November 1, 1967, by the Child Welfare League of America, Marvin E. Sussman, chairman, department of sociology, Western Reserve University, quoted these statistics.

In 1965, about 287,200 children in the United States were in foster care: 207,800, in foster family homes; 79,400, in institutions for neglected and dependent children (a ratio of 2½ to 1). If the trend continues at the same rate and pace as in the years 1961 through 1965, the number of children in foster care will rise 27 percent by 1975, or about 2 percent each year. The 1965 rate was 4 children per 1,000; in 1975, the rate will be 4.7 per 1,000. During the same years, care has shifted from institutional to foster and from voluntary to public agencies, a trend also expected to continue.[1]

In 1958, about a third of the children in institutional care still lived in "custodial" institutions. Half of those in institutions are over 15 years of age; 5 percent are under 5 years of age. Although only 13 percent of the Nation's children are nonwhite, 20 percent of the children in institutions were nonwhite. Of the 4,281 children in foster homes, more than a third had been moved two or three times; about a fourth had been moved four or more times. The children were most often placed in foster care because of mental and physical illness in parents, poor housing, and insufficient family income.[2]

[1] Low, S.: Foster care of children: major national trends and prospects. U.S. Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau. 1966. (Multilith.)

[2] Maas, H. S.; Engler, R. E., Jr.: Children in need of parents. Columbia University Press, New York. 1959.

munity should be brought together more effectively to end multiple referrals by setting up a central point for intake and neighborhood centers.

• Proof should be required that all lesser means to give the child the care he needs have been tried unsuccessfully before placement in foster care is prescribed.

Mr. Reid stressed the need to counterbalance the negative image of foster care with presentations of the positive value it has or can have for children.

At the end of his summary, Mr. Reid pointed out that the responsibility for providing services for children and their families rests on the community as a whole, not just on social workers. Many children *do* need foster care, and the kind of help they need should be provided by choice not by chance.

Though the conference brought few answers, it gave many administrators and practitioners deeply concerned over foster care an opportunity to think about ways to change, improve, and extend their services. Above all, every participant seemed to leave with a reinforced feeling of commitment to improving the foster-care system to more nearly meet the needs of children and their families in the decade ahead. (All papers were mailed to the participants by January 1, 1968, and a report of the conference will be published by CWLA about May 1, 1968.)

BOOK NOTES

SUBSTITUTE PARENTS: training the profoundly retarded patient for return to the community. Ruthanna Penny. Charles C Thomas, Springfield, Ill. 1967. 97 pp. $5.75.

The "ward nursing staff" of an institution for profoundly retarded patients are the "substitute parents" to whom this book is addressed. For them, the author describes ways to help even the most profoundly retarded patient make the most of his ability, and she urges nursing people to make every effort to help a patient sit, crawl, and walk. A training program for patients, she maintains, should be aimed at self-care, self-expression, social and emotional adjustment, and diversified activities. Communication is the cornerstone of therapy, she points out, be it by word, expression, or gesture, and "substitute parents" should speak to patients frequently.

The author also describes ways to prepare children for return to their homes or for placement in foster homes through a one-to-one relationship with a worker and group sessions. She includes suggestions for training prospective foster parents for profoundly retarded children.

DON'T DISTURB DADDY. Grace Connor. Branden Press, Boston, Mass. 1967. 178 pp. $4.75.

What happened when three adopted older children (aged 9, 8, and 3) from one family came into the lives of a "proper" older couple is the central theme of this book written and illustrated by the adoptive mother. In it, she describes the experience she and her husband had with adoption agencies; the day-to-day problems the children presented; and the challenges she and her husband had to meet in understanding and guiding their adopted children.

In telling her "true story," the author describes the adoption process and makes a strong plea for couples wanting to adopt children to consider older children.

THE BRAIN-INJURED CHILD IN HOME, SCHOOL, AND COMMUNITY. William M. Cruickshank. Syracuse University Press, Syracuse, N.Y. 1967. 294 pp. $6.50.

Addressed to the parents and teachers of children with brain damage, this book discusses the symptoms of minimal brain damage in children, recommends diagnostic and treatment procedures, and describes effective classroom and home methods for handling brain-injured children.

The author maintains that the brain-injured child is often caught in a self-perpetuating cycle of failure and censure: because he does not understand what adults expect of him, he reacts to criticism of "misbehavior" in ways adults will not accept and therefore he is censured further. The cycle may go on and on, for the problems of the brain-injured child often go unrecognized, according to the author. He makes a strong plea for meeting the great need for accurate diagnosis of brain injury and for special treatment at home for such a child.

The book includes an appendix listing national, State, and local organizations interested in the welfare of the brain-injured child.

LIVING POOR: a participant-observer study of choices and priorities. Camille Jeffers. Introduction by Hylan Lewis. Ann Arbor Publishers, Ann Arbor, Mich. 1967. 123 pp. $2.

"Living Poor" is, to a point, a literal title. The author lived for a year in a public housing project in Washington, D.C., as the head of a household while working with a study of child-rearing practices among low-income families. In this book, she reports on what she discovered about her neighbors as she mingled with them at night and on weekends.

Most of the mothers she got to know (she found it hard to get to know their husbands) had to struggle to provide enough food and clothing for their children. The housing was adequate but some of its features such as cupboards and linen closets only served to remind the occupants of their poverty.

The mothers, she found, often coped with problems in ways she found hard to accept at first but which she came to respect. Most mothers thought of themselves as good parents, or, at least, as better parents than their own had been. They respected and wanted "competence" as parents.

As she got to know the mothers bet-

ter, the author found they had little "fun." Her talking with them, sharing their activities, and giving them a little advice seemed to help them overcome a little of their loneliness, she believes.

THE FOURTH R: a return to learning for sidetracked adolescents. Robert B. Heinemann and Marilyn Bernstein. Beacon Press, Boston, Mass. 1967. 212 pp. $6.

Frustration and failure marked the more than 100 adolescent students who were seen by the Remedial Scholastic Services (RSS) of Cambridge, Mass., a special school, during its first 6 years, according to the authors of this account of those years. Rejected by their schools as incorrigible or "psychological," the students had done poor schoolwork, the authors maintain, because they could not "disentangle emotional difficulties from academic life."

RSS tried to convince students that their school had not conspired against them. Reading received first attention, and, in a chapter called "Reading Is War," the authors describe how RSS teachers tried to foster free discussion of issues close to the students' problems from material they were reading in class.

The authors maintain that RSS is seeking effective countermeasures to the "dronelike" building of skill and "subhuman" training for efficiency they believe many students face in today's schools.

COLIN—A NORMAL CHILD: a study of normal personality through projective and activity techniques. Volume II of "Personality of Young Children." Lois Barclay Murphy. Basic Books, Inc., New York. 1967. 267 pp. $2.95 (paperback).

For the 3 years Colin, a "normal" child, attended the nursery school at Sarah Lawrence College, Bronxville, N.Y., he was observed by the author of this study and her research group. Her book reports on what they saw, how Colin's teachers saw him, and how Colin "revealed himself" through tests and experiments. But, the author says, for the most part Colin speaks for himself.

In one section, the author discusses the meaning of Colin's fantasy and behavior, anxiety, aggressiveness, creativity, and spontaneity and describes the way in which his ego was developing. She saw Colin as a little boy strongly driven by an urge to conquer threats and to become somebody.

"Children like Colin," she concludes, "ask us to make new efforts to formulate the larger meanings of drives to growth and to integration, within which specific instincts and needs to conform are only partial expressions."

TWINS AND SUPERTWINS. Amram Scheinfeld. J. B. Lippincott Co., Philadelphia, Pa. 1967. 292 pp. $6.95.

"Have twins," the author of this book about children born of multiple births advises any "lonely couple" because, he contends, twins always attract attention.

Based on information obtained from years of research on twins and "supertwins"—his term for more than two children born of one pregnancy—the author discusses many aspects of "twinship," including the differences among the three types of twins (fraternal, identical, and mixed sex) and the physical, psychological, and medical problems "twinship" presents. Throughout the book, he emphasizes the importance of letting each twin develop according to his own capacity. He points out that, though a child often enjoys the psychological advantages of being a twin, each twin struggles to be considered a separate human being. His advice to parents rests on this theme: give "twinship" the importance the facts warrant but let each child develop as an individual.

BEHAVIOUR PROBLEMS AMONGST CHILDREN WITH CEREBRAL PALSY. Maureen Oswin. The Williams & Wilkins Co., Baltimore, Md. 1967. 93 pp. $4.85.

Problem behavior in a child with cerebral palsy is caused by the handicap itself and by the environment, according to the author of this study of the behavior of the child with cerebral palsy. For this reason, she maintains, a "good stable environment" at home and at school is important for the well-being of a child so afflicted.

The principles of education applying to the normal child also apply to the child with cerebral palsy, the author points out. However, she says, the teacher must be particularly alert to consistency with the afflicted child and must handle each problem in behavior individually. Discipline should be aimed at helping the child, not at punishing him.

The topics the author discusses in relation to children with cerebral palsy include the background, the problem, the causes and consequences, and some solutions for the school.

ADMINISTERING CLASSES FOR THE RETARDED: what kinds of principals and supervisors are needed? Bernice B. Baumgartner and Katherine D. Lynch. The John Day Co., New York. 1967. 192 pp. $3.95.

Addressed to school administrators and others involved in special education programs, this book offers advice and suggestions for providing complete school programs for mentally retarded children that lead to gainful employment. The authors discuss ways of recognizing the retarded; the content of an effective curriculum; the appropriate school environment for them; ways of working with parents; the roles of administrators, teachers, and other school officials; and the coordination of educational and community activities for the retarded.

A SYMPOSIUM ON THE CHILD: selected essays presented on the occasion of the 75th anniversary of the Johns Hopkins Hospital and the dedication of the Children's Medical and Surgical Center, May 14–15, 1964. Edited by John A. Askin, M.D., Robert E. Cooke, M.D., and J. Alex Haller, Jr., M.D. The Johns Hopkins Press, Baltimore, Md. 1967. 376 pp. $10.

The 23 papers in this book are focused on both historical and recent developments in pediatric medicine and surgery. Among other recent developments, they report on advances in heart surgery, tissue and organ transplantation, hypothermia, and surgical correction of defects associated with cerebral palsy; clinical observations of such conditions in children as esophageal disorders, communication disorders, pulmonary hypertension in infancy; and the biologic aspects of prematurity. Papers on infant feeding, nutrition, the mentally retarded, and a history of the Harriet Lane Home, the focus of the Johns Hopkins' pediatric department since 1912, are presented from a historical viewpoint.

HERE and THERE

For rural young people

"The challenge . . . is to provide every citizen, and especially the young ones, no matter where they live, with a full measure of opportunity and . . . of choice."

The speaker was Vice President Hubert H. Humphrey. The occasion was the opening session of the 4-day first National Outlook Conference on Rural Youth, held in Washington, D.C., late last October at the call of six Federal agencies having programs serving young people in rural areas. His listeners were about 600 adult leaders of programs for young people in rural areas and about 75 young people representative of the nearly 16 million young people who live in rural America. Participants came from every State, Puerto Rico, and the Virgin Islands. The sponsors were the Department of Agriculture; Department of Health, Education, and Welfare; Department of the Interior; Department of Labor; Office of Economic Opportunity; and the President's Council on Youth Opportunity.

Mr. Humphrey's words echoed throughout the conference sessions. Participants, in considering the opportunities for education, health, housing, employment, and cultural activities available to young people in rural areas, agreed that the problems of young people in rural areas are not really different from those of young people in urban areas. Both need the best possible schools, health programs, housing, and opportunities for jobs and cultural activities. But, many noted, those in rural areas are being even more shortchanged than those in urban areas. Others pointed out that young people will stay on farms and in small towns if their communities offer them all they need for satisfying lives. Still others maintained that young people in rural areas must be prepared for life in a new environment since many of them will move to cities.

A fact book prepared by the Department of Agriculture with the help of the other sponsors was used as a resource by the participants. (Copies of the publication, "Age of Transition: Rural Youth in a Changing Society," are for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, for 75 cents a copy.) It was prepared not only for the use at the conference but also as a "tool for State, county, and community groups in conducting similar conferences."

Adoption

Adoption is feasible for many of the retarded children who need permanent homes and agencies should make every effort to bring it about. This was the major conclusion of the 30 representatives of public and voluntary agencies from seven Southeastern States (Georgia, Florida, Alabama, Mississippi, South Carolina, Tennessee, and Kentucky) who met at a 2-day conference on retardation and adoption at Stone Mountain, Ga., last September. The conference was called by the Region IV office of the Federal Children's Bureau, which serves all of these States except Kentucky.

At a general meeting, representatives of the welfare departments of Kentucky and Florida described programs in their States aimed at bringing about the adoption of retarded children. By describing their experience and observations to participants, pediatricians, psychologists, and social workers associated with the agencies represented or consultants to the conference supported the need for and feasibility of adoption for retarded children.

At the end of the conference, participants said that it had spurred them to give greater time and effort to finding and developing adoptive homes for retarded children.

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Adoptive parents in Massachusetts are due for a tax break. By a law effective on December 31, 1967, adoptive parents may now deduct the cost of the "coming" of the child from their State income taxes. This means that fees, in excess of 3 percent of business income, paid to any agency licensed to place children for adoption may now be deducted from taxable income. The State already allows natural parents to deduct the cost of the birth of a child.

Other recent changes in Massachusetts State law affecting adoptive children includes these:

- A child adopted outside of Massachusetts now has full inheritance rights from his adoptive parents.
- An adopted child no longer inherits from his natural parents or other relations unless named in their will.
- An adopted child will now pay an inheritance tax on property inherited from his "adoptive" grandparents at the same rate as natural grandchildren, 1¼ percent (the rate had been 7½ percent).

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The idea that adoption agencies reject more applicants than they accept proved to be unfounded according to a recent study of adoption practices in eight agencies—three public and five private—in an eastern metropolitan area. The study, carried out by the Child Welfare League of America with a research grant from the Children's Bureau, found that of 400 couples who applied and who had had at least one interview 54 percent were accepted, 26 percent were rejected, and 6 percent were considered poor prospects. Another 13 percent withdrew their applications though considered good prospects.

The study was based on the responses of caseworkers to a questionnaire and was focused on the criteria used in making decisions on the suitability of couples to be adoptive parents.

Although responses varied among the agencies, on the whole they showed the following:

- The ages of the applicants accepted ranged from 20 to 50 years, the median being in the early thirties.
- The proportion of couples accepted among Negro applicants was smaller than among white applicants.
- The proportion of couples who withdrew after being judged good adoptive prospects was smaller among Negro applicants than among white applicants.
- There was no significant difference among the three major religious groups in the proportion of applicants accepted.
- The rate of rejection was higher when husbands and wives were of different religions.
- The median education among couples accepted was for husbands "college, not completed" and for wives "high school graduate."
- The median income of couples accepted was $8,600.
- The median length of time the couples had been married was 8 years.
- A greater proportion of couples were accepted who already had an adopted child than those who did not.
- Couples with medical indications of being unlikely to have children had a greater rate of acceptance than others.
- Caseworkers tended to rate parents as psychologically sound on openness, "empathy" with unmarried mothers, comfort with the idea of revealing the adoption status to the child, good marital relations, and an outgoing personality in the wife.
- Caseworkers tended to rate couples considered psychologically sound as suitable for the normal child and couples considered "marginal" as suitable for the deviant child.

A report on the study, "An Exploration of Caseworkers' Perceptions of Adoptive Applicants," by Trudy Bradley, is available from the Child Welfare League of America, Inc., 44 East 23d Street, New York, N.Y. 10010. (Price $3.60.)

Smoking and health

Discouraging young people from taking up cigarette smoking is one of the major tasks of the new 11-member Task Force for Smoking and Health recently appointed by the Surgeon General of the U.S. Public Health Service. Made up of leaders from the fields of medicine, education, and business, the task force will, in general, consider additional steps that can be taken by government, private agencies, and individual citizens to reduce the hazards to health from cigarette smoking.

The task force will study and make recommendations concerning four major aspects: preventive education; increasing the influence of physicians in dealing with smoking; group methods of dealing with the problem of smoking; and increasing the effectiveness of mass media in alerting the public to the dangers to health from smoking cigarettes. It will complement and build on the findings of the Task Force on Lung Cancer appointed last year in compliance with a directive from President Johnson.

The Public Health Service estimates that a million young people take up the habit of smoking cigarettes each year.

Federal legislation

On October 3, President Johnson signed into law the Vocational Rehabilitation Amendments of 1967. The new law authorizes these changes in the previous law:

- Increases in and extension of appropriations for grants to States for vocational rehabilitation services from $400 million for fiscal year 1968 to $500 million for fiscal 1969 and $600 million for fiscal 1970.
- Extension of appropriations for grants to States to plan for development of comprehensive vocational rehabilitation programs through fiscal year 1969.
- The establishment and operation of a National Center for Deaf-Blind Youths and Adults to demonstrate methods of providing rehabilitative services to deaf-blind persons and of training professional and other workers to provide such services and persons who have been or will be working with the deaf-blind; to conduct research in the problems of rehabilitating the deaf-blind and ways of meeting these problems; and to assist in conducting related activities that will expand or improve services for the deaf-blind or help improve public understanding of their problems.
- The setting up of a program of grants to State or local agencies for pilot or demonstration projects to provide vocational rehabilitation services to handicapped persons who are migratory agricultural workers and to members of their families, whether or not they are handicapped, who are with them. Such grants (not to exceed 90 percent of the cost of the project) shall include payments for maintenance and transportation of such persons and members of their families if necessary to the rehabilitation of the deaf-blind person.
- The cancellation of State residence requirements that prevent a person from receiving vocational rehabilitation services, effective July 1, 1969.
- Provision for the allocation of matching Federal funds to the District of Columbia for vocational rehabilitation services, effective July 1, 1968.

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Appropriations made by the Congress for the Department of Health, Education, and Welfare for fiscal year ending June 30, 1968, included $235,600,000 for programs of the Children's Bureau. The funds were appropriated as follows: $50 million for maternal and child health services, of which $4,750,000 was earmarked for projects for mentally retarded children; $50 million for crippled children's services, of which $3,750,000 was earmarked for projects serving crippled children who are mentally retarded; $46 million for child welfare services; $9,700,000 for research, training, or demonstration projects in child welfare; $30 million for special project grants for maternity and infant care; $37 million for project grants for comprehensive health services for children and youth; $7 million for training professional workers for health and related care of children; $5,900,000 for research projects on maternal and child health and crippled children's services. In addition, $6,151,000 was appropriated for salaries and expenses.

Salute to foster parents

New York City paid tribute to its 8,000 foster families in November through a foster family week. During the week, eight foster-care couples from Queens, the Bronx, Brooklyn, and Nassau County, selected as representative of the others, were guests of honor at a luncheon. Radio and television stations carried special programs and newspapers printed special articles about foster families and foster care.

"Salute to Foster Family Week" was sponsored by the Interagency Com-

mittee to Honor Foster Families, which is part of the Community Council of Greater New York and represents eight sectarian and nonsectarian child welfare agencies in the area.

The committee estimated that 15,000 children were in foster care in the area and that more than 2,000 other children needed foster homes. During the week before the special week, the committee's 24-hour telephone service to handle inquiries from persons wanting information on how to become foster parents received more than 800 calls. About half of them were from Spanish-speaking families.

Effects of busing

Most Negro mothers in the Roxbury section of Boston who had their children in grades one through six bused to schools outside their neighborhood in the first year of Operation Exodus (1965–66) believe that their children benefited both educationally and socially from the experience, according to a report recently published by Teachers College, Columbia University. Operation Exodus, a privately operated program, was organized in 1965 by Negro parents in Roxbury to obtain "quality education" for their children in kindergarten through junior high school by busing them to predominantly white schools in other sections of the city. (Though it has an open enrollment policy, the city school system provides no transportation.) Ten parents, especially trained, interviewed 103 mothers of 221 children who had been bused about their motivations and the family's experience in the program's first year.

The mothers' responses turned up these findings:

Most of them, 73.8 percent, had helped set up the program or had heard about it from friends.

Eighty-six percent had their children bused because they wanted to give them better education; 7 percent, to have them attend integrated schools; 7 percent did not respond to this question.

Eighty mothers had previously participated in community educational or civil rights activities.

Most mothers were satisfied with their children's school performance—58 percent said they had done better work than the year before; 34 percent said about the same. Only 8 percent said "poorer." A majority of the mothers also reported that their children's attendance was good and that the new schools gave more homework and used fewer substitute teachers than the schools in Roxbury.

Only 23.9 percent of the children had met a substantial amount of prejudice; 54.7 percent, "none"; 21.4 percent, "a little," according to the mothers. (Twenty-nine mothers did not respond.)

The younger children, however, fared better than the older, according to the mothers. The children in the first three grades had met less prejudice, had more white friends, and had done better in school than those in the last three. About 91 percent of the 103 mothers were in favor of busing children in the first three grades, the majority without reservations. Of those opposed, most had no children in these grades.

Over 93 percent of the mothers and, according to the mothers, 94.5 percent of the children were satisfied with the busing program. (In 4.1 percent of the cases, the mothers did not know how their children felt.)

Although almost half the mothers had suggestions for improving the program, about 95 percent wanted to continue in the program. Eleven percent wanted parents to participate more.

Research on all new parents and children participating in the program and on a control group of parents and children eligible but not using the service is now under way.

The study report, "Family Experiences in Operations Exodus," by James E. Teele, Ellen Jackson, and Clara Mayo, is available from *Community Mental Health Journal*, Columbia University Press, 605 West 115th Street, New York, N.Y. 10025. (Price: $1.75).

Day care

Day-care centers should offer social work services to the families who use them, according to a recent report on the need for social work in day-care centers in the Worcester, Mass., area. The project, supported by Worcester Catholic Charities and the Massachusetts Division of Child Guardianship with a grant from the Federal Children's Bureau, set out to provide social work services to both agency-sponsored and proprietory day-care centers in the area and to determine the usefulness of the service to the "day-care function." Social services were offered to day-care workers, parents, and children through casework, consultation, and education.

From responses to questionnaires answered by day-care workers and parents, the project workers found that at least half the families had many problems and needed counseling. They also found that social work could help identify potential problems and prevent them from taking shape, that many parents would not have received service had they not been using day care, and that day-care workers felt that consultation had improved their effectiveness.

The project workers recommend, on the basis of their findings, that social work be made a part of day-care center programs in proportion to the number of families to be served.

The project director, Matthew L. Pisapia, and the principal investigator, Albert F. Hanwell, are assistant professors at the Boston College School of Social Work.

Pregnant schoolgirls

Pregnant schoolgirls in at least 35 cities of the United States were continuing their education through special programs offered by both public and voluntary agencies in the spring of 1967. A survey of these cities made by the District of Columbia public schools with a grant from the Federal Children's Bureau found that many pregnant schoolgirls, both married and unmarried, were getting special educational services along with health and welfare services.

Programs offered by public agencies predominated. More than three-fourths of the sponsoring agencies said their programs were "comprehensive." In all, these agencies offered a median number of 12 services, including regular schoolwork; vocational training; instruction in child care, homemaking, and family living; counseling; and health and social services. The services least available included day care, information on family planning and economic aid.

Programs were offered at school buildings and community, religious, and welfare centers. Members of several professions were involved—teachers, social workers, physicians, nurses, psychologists, and nutritionists. Admission was generally limited to girls ranging in age from 13 to 21. Most served 50 to 60 girls, but the range was from 21 to

150. Most girls returned to the program after delivery before going back to regular schools.

Changes in work regulations

Following the completion of a study made at the direction of the Congress, the U.S. Department of Labor recently issued an order listing 16 occupations in agriculture as "hazardous" to children under 16 years of age. These occupations include handling certain chemicals and blasting agents and operating certain power-driven equipment. Restrictions against employing children in these occupations do not apply to those who work for their parents on family farms.

At the same time, the Department modified labor standards affecting children in occupations other than agriculture. Now, 16- and 17-year-old children may under certain conditions drive motor vehicles on private property, work as helpers on vehicles if they ride inside the cab, and operate elevators. Children 14 and 15 years of age may work during the summer, June 1 to Labor Day, until 9 p.m. instead of only until 7 p.m. And children of 14 and 15 taking part in work-training programs may work during school hours when the work is part of their training.

Additional information on these changes may be obtained from the Wage and Hour Public Contracts Division of the U.S. Department of Labor, Washington, D.C., or from any of its field offices.

Child health

Begun 2½ years ago by six "play ladies" in charge of programs for children in hospitals in Baltimore, Boston, Cleveland, Montreal, Philadelphia, and Pittsburgh, the American Association for Child Care in Hospitals now has about 250 members. Dedicated to improving the care children receive in hospitals and to promoting the well-being of the hospitalized child and his family, the association represents all the professions serving children such as pediatrics, nursing, child psychiatry, and social service.

The association's first meeting was held at the Children's Hospital Medical Center in Boston in the spring of 1965. Subsequent meetings have been held in Baltimore and Philadelphia. Bylaws and a constitution reflecting the purpose of the association have been drawn up.

The next meeting of the association will be held in Cleveland, Ohio, on May 8–11. The topic for discussion will be "Coping With Stresses of the Child in the Hospital."

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A 3-year study of the hereditary and developmental aspects of certain chronic diseases and abnormalities affecting children got under way in early September at the Department of Pediatrics, Stanford University, with a grant from the John A. Hartford Foundation, Inc. The research, which is being carried out by a team of physicians and biochemists, will focus on disease involving mesenchymal tissue. Among the diseases to be studied are juvenile rheumatoid arthritis, congenital heart disease, asthma, and such abnormalities as gargoylism, osteogenesis imperfecta, and achondroplasias.

The principal investigators are Norman Kretchmer, M.D., executive head of the Department, and William van B. Robertson, professor of biochemistry.

Family law

Professional persons other than lawyers may now receive *Family Law Quarterly*, the periodical published by the Section of Family Law of the American Bar Association (ABA). Until September 1967, ABA's policy was to restrict the journal to its members. The change in policy was made in response to many requests from professional persons outside law working in fields related to the Section's work.

The September 1967 issue contains six papers given at the ABA National Institute, held in Toledo, Ohio, last May, on "Our Separate Ways: A Study of Divorce Today." One of these papers—"The Role and Responsibility of the Lawyer in Custody Cases," by Harry M. Fain—and an article from the current developments section—"The Case for a Family Court"—should be of particular interest to social workers.

The annual subscription price for the *Quarterly* to persons who are not lawyers is $5 (it is available to lawyers only as members of ABA). For more information about the periodical, write the ABA Division of Section Activities, 1155 East 60th Street, Chicago, Ill. 60637.

for parents

HOW TO PREVENT YOUR CHILD FROM BECOMING A NEUROTIC ADULT. Albert Ellis, with Janet L. Wolfe and Sandra Moseley. Crown Publishers, 419 Park Avenue South, New York, N.Y. 10016. 1966. 247 pp. $4.95.

A COMPLETE GUIDE FOR THE WORKING MOTHER. Margaret Albrecht. Doubleday & Co., 277 Park Avenue, New York, N.Y. 10017. 1967. 342 pp. $4.95.

HOW TO RAISE A BRIGHTER CHILD: the case for early learning. Joan Beck. Trident Press, 630 Fifth Avenue, New York, N.Y. 10020. 1967. 273 pp. $5.95.

THE NEW ILLUSTRATED ENCYCLOPEDIA OF CHILD CARE AND GUIDANCE. Volumes 1 through 12. Edited by Sidonie Matsner Gruenberg. Illustrations by Suzanne Szasz. H. S. Stuttman Co., 404 Park Avenue South, New York, N.Y. 10016. 1967. $29.95 (complete set).

YOUR TEETH: a handbook of dental care for the whole family. Daniel A. Collins. Doubleday & Co., 277 Park Avenue, New York, N.Y. 10017. 1967. 224 pp. $4.95.

THE HOSPITALIZED CHILD AND HIS FAMILY. Edited by J. Alex Haller, Jr., M.D., James L. Talbert, M.D., and Robert H. Dombro. The Johns Hopkins Press, Baltimore, Md. 21218. 1967. 121 pp. $5.95.

YOUR GROWING CHILD AND SEX: a parent's guide to the sexual development, education, attitudes, and behavior of the child, from infancy through adolescence. Helene S. Arnstein, with the Child Study Association of America. The Bobbs-Merrill Co., 3 West 57th Street, New York, N.Y. 10019. 1967. 188 pp. $4.95.

EVERYDAY PROBLEMS AND THE CHILD WITH LEARNING DIFFICULTIES. Bebe Bernstein. The John Day Co., 200 Madison Avenue, New York, N.Y. 10016. 1967. 163 pp. $4.95.

READERS' EXCHANGE

ROSS, BRAEN, AND CHAPUT: *Some comparisons*

The project described by John R. Ross, Jr., Bernard B. Braen, and Ruth Chaput in the article, "Patterns of Change in Disturbed Blind Children in Residential Treatment" (CHILDREN, November–December 1967) with its large and well-trained staff for a small group of children makes those of us who must meet similar problems with few resources envious. The need for and the scarcity of facilities for the disturbed blind child exist everywhere. Thus, the Syracuse project creates hope for all who work with blind children and will, I know, be followed with interest.

Unfortunately, the authors do not say at what level each child functioned when he entered the institution or what therapy was available to each. I, for one, would like details. From the account given, I conclude that many children were functioning before admittance at fairly high levels; otherwise they could not have regressed so markedly at admittance or have attained such high degrees of self-care, orientation to the environment, or educational skill later. I would like to know how they differed in age and ability to function. The impression I gain is of milieu therapy. Was no individual therapy used? If not, would its absence account for the slower progress of those who came with a fair amount of skill than those who came with less?

I cannot refrain from making some comparisons with the Michigan projects. The Syracuse children differed from the Michigan children in their developmental patterns. In Syracuse, some children had high skill but low mobility; in Michigan, children who did not demonstrate good mobility were low indeed, for it was often their only attainment.

I question the advisability of permitting such frequent home visits. The workers on the Michigan projects also felt that children are the prime responsibility of their parents, but they observed that the progress made in one week was often lost during a weekend at home and not regained until the middle of the next week. Therefore, in the Michigan projects the spacing of home visits was gauged by the individual child's ability to maintain his gains.

The children's anxiety reaction to medical examination does not seem to be consistent. Undoubtedly, a child's reaction depended on how traumatizing a medical examination has been in the past.

Not all Michigan children showed separation anxiety on entrance. Some exhibited it markedly, others with varying degrees for short periods, and a few actually seemed to be relieved to be away from home. The nearer the child was to being nonverbal, the greater was his difficulty in separating from his parents, particularly if the relationship with his mother was poor.

Michigan children were not generally aloof at first with staff members. The degree of aloofness seemed to be related to the age of the child; younger children accepted a mother substitute much faster than older—some surprisingly fast. This distancing with the staff reminds me of the reactions to institutionalization of very disturbed sighted children who, having received little love at home, believe that now away from home they are going to lose the last vestige of the little they do possess.

Anna S. Elonen
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MURPHY: *Children of crisis*

I would like to comment on Lois Barclay Murphy's review of "Children of Crisis," by Dr. Robert Coles ("Children Cope with Crisis," CHILDREN, September–October 1967). After an excellent description of the book, she adds her "Yes, but . . ." comments. These express commonly held assumptions about children's reactions to genuine stress for which I know of no scientific support. For example, she says: ". . . I wonder whether this emphasis does not overlook the question of who can afford to battle for the group. . . . In the internal war of desegregation, some . . . screening may also be needed. In the South it has been provided directly by some principals and indirectly by others who asked for applications. In the North, where some large-scale integration has been attempted by arbitrarily assigning children to schools out of their own neighborhoods, there may be more serious effects on *some* children: fatigue or a divided life in which the range of standards and life styles in different settings is too great for young children to integrate."

Victor and Mildred Goertzel's book "Cradles of Eminence" (Little, Brown and Co., Boston, Mass., 1962), although not scientific, throws out an excellent challenge to this idea. My own experience is that no stress is as damaging to children as when the parents, figuratively speaking, sell their souls. I know of no reports in the literature describing long-term disastrous psychological effects of periods of severe social or physical stress in children, including civil war and revolution. As for screening, our ability to predict the reactions of children is no greater than for adults. In both cases it is very limited.

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collected readings

BEHAVIORAL SCIENCE FOR SOCIAL WORKERS. Edwin J. Thomas, editor. Foreword by Fedele F. Fauri. The Free Press, 866 Third Avenue, New York, N.Y. 10022. 1967. 492 pp. $7.95.

PSYCHOSOMATIC AILMENTS IN CHILDHOOD AND ADOLESCENCE. Irving Frank, M.D., and Marvin Powell. Charles C Thomas, 301–327 East Lawrence Avenue, Springfield, Ill. 62703. 1967. 578 pp. $16.75.

U.S. Government Publications

Publications for which prices are quoted are for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Orders should be accompanied by payment. Twenty-five percent discount on quantities of 100 or more.

NUMBER AND KINDS OF CHILDREN'S RESIDENTIAL INSTITUTIONS IN THE UNITED STATES. Shirley A. Star and Alma M. Kuby. Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau. 1967. 26 pp. Single copies free from the Bureau.

Reports on a survey of institutions in the 50 States, the District of Columbia, Puerto Rico, and the Virgin Islands as of September 1965. The survey is part of a Project on Physical Facilities for Group Care of Children being conducted by the Center for Urban Studies, University of Chicago, with a grant from the Children's Bureau.

CLINICAL PROGRAMS FOR MENTALLY RETARDED CHILDREN: a listing. Compiled by Rudolf P. Hormuth. Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau. 1966. 65 pp. Single copies free from the Bureau.

The seventh such compilation by the Children's Bureau, this edition lists by State 191 special clinical facilities for mentally retarded children, the names of the director and sponsor of each facility, the areas served, admission ages, and clinic hours.

SUPPLEMENT TO CHILD WELFARE STATISTICS—1965: adoptions in 1965. Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau. CB Statistical Series No. 84. 1966. 8 pp. Single copies free from the Bureau.

Contains estimates on the number of children adopted in the United States in 1965 and the number and percentage distribution, for each State reporting in detail, by relationship of petitioner, type of placement, and age, race, and birth status of child.

RESEARCH RELATING TO CHILDREN, Bulletin No. 20 (October 1965–May 1966). Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau. 1967. 211 pp. $1.25.

Lists, with annotations, research projects in progress or recently completed that were reported to the Clearinghouse for Research in Child Life between October 1, 1965, and May 31, 1966. Fields of study are growth and development; the child in the family; social, economic, and cultural influences; educational factors and services; social services; and health services.

NEIGHBORHOOD SERVICE CENTERS. Robert Perlman and David Jones. Department of Health, Education, and Welfare, Welfare Administration, Office of Juvenile Delinquency and Youth Development. JD Publication No. 1005. 1967. 100 pp. 60 cents.

Reviews the experiences and problems of the multiservice, neighborhood-based centers operated in low-income, urban areas as part of six community demonstration projects to combat delinquency and poverty.

YOUR CHILD FROM 3 TO 4. Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau. CB Publication No. 446. 1967. 24 pp. 25 cents.

This third in a series of pictorial pamphlets on child care contains easy-to-read pointers on handling the special needs of children in their fourth year.

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